

**COMPARATIVE STUDY TO ASSESS THE  
BEHAVIORAL PATTERN OF SINGLE CHILD AND  
CHILD WITH SIBLING BETWEEN THE AGE GROUP  
OF 6-12 YRS IN SELECTED AREAS AT  
MANAMADURAI.**



**A DISSERTATION SUBMITTED TO THE TAMILNADU  
DR. M.G.R MEDICAL UNIVERSITY, CHENNAI IN  
PARTIAL FULFILMENT OF THE REQUIREMENT FOR  
THE DEGREE OF MASTER OF SCIENCE IN NURSING**

**APRIL-2012**

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**By**

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# **ABSTRACT**

## **INTRODUCTION**

Behavior it includes not only the conscious behavior and activities of the human mind but also the subconscious and unconscious. Consequently it covers not only the overt behavior but also the covert behavior involving the inner experiences and mental processes. Only children have poorer interpersonal skills, results in less effective or fulfilling relationships. The behavioral pattern of a child can be affected by physical illness, changes at school, with the family unit, peer group pressure and simply growing up and finding their feet.

## **STATEMENT OF THE PROBLEM**

A comparative study to assess the behavioral pattern of single child and a child with siblings between the age group of 6-12 yrs in selected areas at Manamadurai.

## **METHODOLOGY**




The quantitative research approach was adopted for this study. A comparative research design was used in this study. This study was conducted at Manamadurai, Sivagangai district. Convenience sampling technique was used for sample selection. The samples consist of 100 children in the age group of 6-12 years. Among them 50 samples were single child and 50 samples were a child with siblings who fulfilled the inclusion criteria.

## **OBJECTIVES**

- To assess the behavioral pattern of a single child.
- To assess the behavioral pattern of child with siblings.

- To compare the behavioral pattern of a single child and the child with siblings between the age group between 6-12 yrs.
- To find out the association between the behavioral pattern of a single child and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.
- To find out the association between the behavioral pattern of children with siblings and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.

## **HYPOTHESES**

-  There was a significant difference between the single child and the child with siblings in behavioral pattern.
-  There was a significant association between the behavioral pattern of a single child and their selected demographic variable such as mother's age, educational status, and occupation, parenting style, and child age, sex, type of family, birth order and educational status.
-  There was a significant association between the behavioral Pattern of children with siblings and their selected demographic variables such as mother's age, educational status, and occupation income, parenting style, and child age, sex, type of family, birth order and educational status.

## MAJOR FINDINGS

- ❖ A majority of 22 (44%) mothers were between the age group of 28-31 yrs.
- ❖ A majority of 18 (36%) mothers was having higher secondary education.
- ❖ The majority of single child mothers 21 (42%) were professionals, Sibling child mothers 20 (40%) were coolly workers.
- ❖ The majority of the children's mother monthly income was about 24 (48%) 2001-5000 .
- ❖ The majority of samples were Muslim 24 (48%).
- ❖ Single child 21 (42%) was nuclear family. Sibling child 19 (38%) were joint family.
- ❖ Single child 19 (38%) parents were uninvolved. Sibling child 21(42%) parents were permissive.
- ❖ Single child 22 (44%) falls between the age of 9-10 yrs. Sibling child 25 (50%) falls between the age of 9-10 yrs.
- ❖ Sibling child 32 (64%) were female.
- ❖ Sibling child 33 (66%) were second child.
- ❖ Single child 14 (28%) was V STD. Sibling child 14 (28%) where IV STD.
- ❖ Sibling child 34 (68%) was having two children in the family.

- ❖ Behavior pattern was classified as good, average and poor. The majority of single child 33 (66%) had an average behavior pattern. Sibling child 35 (70%) good behavior pattern.
- ❖ There was a significant association between the behavior pattern of a single child and selected demographic variables such as type of family, parenting style and number of children. There was no significant association between the behavior pattern of the single child and demographic variables such as age, educational status, occupation, income, religion and birth order.
- ❖ There was a significant association between the behavior pattern of sibling child and selected demographic variables mothers income. There was no significant association between the behavior pattern of sibling child and demographic variables such as age, type of family, parenting style, educational status, occupation, number of children, religion & birth order.

## **RECOMMENDATIONS**

The following recommendations are made based on the findings of the study.

- A similar study can be done on a large sample.
- A study can be done to find out the behavior problem of the single child family.
- A study can be done to find out the risk for altered growth and development of children living with behavioral problems.



- A study can be done to find out the problem of school children.
- A study can be conducted to identify the effectiveness of a structured teaching program in modification of children's behavior.
- A comparative study can be done to find out the behavior problem of pre term and term children.

## **CONCLUSION**

Childhood period is important in the life. During this period , the child undergoes a remarkable change in the life. Parents and school teachers have to understand the child problem and to solve them. Many of single child having poor interpersonal skills, it results from the less effective relationship. The parents must realize their problem and mingle with them. In order to help and guide the children to lead their life in a healthy manner both physically and mentally.

As a part of the curriculum, the researcher has taken to comparing the s behavior pattern of a single child and sibling child as my dissertation work. When the researcher collected the data many of the only children having psychological problems. Each child has different level of behavior pattern. Proper counseling is necessary to treat and evaluate the behavioral problem. Mothers can spend as much time as possible to express their feelings and thoughts to make memorable them.

## **CHAPTER-I**

### **INTRODUCTION**

**“If children live with security,  
They learn to have faith”**

**“If children live with acceptance & friendship,  
They learn to find love in the world”**

“Behavior is any manifestation of life is activity” [Wood worth (1984)] and behavior is a collection name for these activities. The term behavior includes the motor (or) Cognitive activities [Like walking, Swimming, Dancing etc.], Cognitive activities [Like thinking, Reasoning, Imagining etc] and effective activities [Like feeling, happy, Sad & angry etc.]

Behavior includes not only the conscious behavior and activities of the human mind but also the sub-Conscious and unconscious. Consequently it covers not only the overt behavior but also the covert behavior involving the inner experiences and mental processes.

Behavior problem includes problems that represent a significant deviation from the normal behavior. These problems are relatively stable, internalized and difficult to treat than the adjustment problems. Positive forms of behavioral control such as maturity demands, limit setting, reasoning, monitoring, and supervising, are most often employed by parents. Parents are tending to engage in harsh, negative forms of behavioral control such as verbal hostility and physical punishment (Brody 2011).

The growing years of a child are perhaps the most difficult a family has ever had. It is during these years that a child comes to terms with various concepts of life, like belonging, discipline Social norms etc.

The environment that a child is raised place a big part in their personal development. Consequently many children will exhibit different character traits and characteristics depending on their birth order or if they are the only child.

Birth order characteristics are most often explained by relationships with parents. Only children can be of particular interest and extreme case of first born. Later born only ever have divided attention. Twins are an extreme case of late born, no child rearing interval between them. Twins are singletons are not differed by their biological aspect but through their personality development.

First born children desire control and they will typically become a complaint nurturer or a more aggressive mover and shaker. They are usually high achievers (or) over achievers because of parental pressure and expectations and a desire to win back. Parental approval if they fail, they are being replaced by younger siblings.

The middle child will demonstrate the great variety of character traits but opposite of their older sibling. They learn to be independent and adventurous. Some as a result of greater freedom, having fewer responsibilities that first born which they often, interpret as inferiority. This often discourages the development of leadership qualities.

Younger children are usually very different from their older siblings. They tend to be more social and funny. They don't have as much responsibility and they are carefree. They experience good social

relationships outside the home and generally popular but infrequently have leadership qualities.

Only children have traits similar two older children but usually to a great degree. Only children need to be given plenty of opportunities to socialize with children at their own age. Although only children often mature beyond their age, do not burden your child with adult information. Remember they are still a child.

Only children have poorer interpersonal skills, results in less effective or fulfilling relationships. Only children may have to reconcile dealing with loneliness and intrusion. There is some evidence that children's are actually under –represented among other children.

Birth of siblings results in significant changes in the family environment. Positive interactions with an older child may diminish, especially if the birth interval is short and mother adopts a more controlling and parenting style (Baydar1997).

Siblings of children with disabilities have been found to perceive that their mothers were more partial to their disabled siblings, than without disabled children. They experience more stress and have a higher risk of developing behavioral problem (Bischoff & Tingstrom 1991).

Research suggests that many popular beliefs about only child are unfounded; they are intelligent, affiliate and achieve.

The behavioral pattern of a child can be affected by physical illness, changes of school, with family circle, peer group pressure and simply growing up and finding their feet.

Children can be confused and frustrated by the changes in their behavioural patterns as parents. It is important for parents to try and identify significant changes and deal with them appropriately.

The family serves as a unit of socialization for the child through child rearing practices by which the child gains self knowledge. Through family, the child learns about other people, cultivates interpersonal relationship, experiences pleasure, gives and receives affection. Each movement of a child's life support in contact with his parents has some effort on both his present behaviors and potential future actions.

## NEED OF THE STUDY

In the medieval times childhood was not regarded as a psychologically distinct period. Children were merely viewed as under developed adults. Sigmund Freud states the world with the suggestion that experiences of the childhood account for unusual behaviors of the individual.

The child behavioral pattern will inevitably change over time and even on a daily or hourly basis at times, and it is important to recognize that is completely normal and can be a result of a wide range of events and situations.

Health information about India (1991) states that one third of the population in India is school age children, out of this 14% belongs to the age group of 6-12years. The crucial pre adolescence is a period of dynamic growth and development.

According to Erikson the development needs of children between 6-12 years is stated as Industry Vs Inferiority. Mobility and active participation in the daily activities help the child to fulfill the developmental task (Health information of India).

India's various studies reveal that 5-25% of children suffer from some kind of psychiatric disorder or maladjustment. Maladjustment can be evidenced by deviation in behavior (Julia & Murthy RS).

Suggest that 5587 subjects had committed crimes between the ages of 15-32yrs .They determine that they are the risk for antisocial behavior .Four thousand nine hundred and eighty four subjects had grown up with siblings and 257 had been only children as per **finish registry1996**.

**World** around 13-14% of all school children had behavioral problem. A cross sectional study was conducted in the urban squatter settlements. Behavioral problems of these children were estimated by using the self reported under a version of the strengths and difficulties questionnaires.

The prevalence of behavioural problems among working children was found to be 9.8%. Peer problems were most prevalent 16.9% seconded by conduct problem 16.7%.

The prevalence of the behavioral pattern of school children identified that overall prevalence was 20.11% among boys and 19.67% among girls. Total prevalence was 19.89% as per parents report. As per teacher report total prevalence was 17.3% as per Fernades (2005)

**Developing country** the prevalence of behavioural problem

Age Group	Prevalence of Behavioural Problem
10-13 Yrs	242
14-17 Yrs	196

The prevalence of behavioral problem measured using the behavioral check list ranged from 17.6-39%. Dyslexia is a neurological condition, which according to some estimate, may affect as much as 10% of all children in India.

Reported 5.8 million (15%) of all children between the ages of 5-14 years have a behavioral problem . Average 65% of children spent time between 2-9 hrs home alone as per census survey about **United States (2002)**

10% of children extremely suffer the alter behavioral pattern that put a strain on their family situation.BBC reported in 2003 about 70% children with ADHD in the children's are living in a single child. About 18% American families had only children, as compared with 21% in 1981. Some parents are selecting single child because of reduced conflict in dividing time and attention among children, greater financial flexibility as per **National statistics (2004)**

3% of children are dangerously violent towards a sibling This excludes slaps, pushes, kicks, bites, and punches, which are more prevalent. 36 million individual acts of sibling's aggression as per **State university (1994)**

During the researcher's clinical experience she had come across many children with altered behavioral pattern. And she he interacted with them she found that the children were very depressed and had the feeling of separation, not mingling with others loneliness, not sharing the feelings and not interested to go to school. So the researcher decided to choose this topic to compare the behavior pattern of a single child and the child with siblings.

**“As the only son of prosperous parents is adopted to be split especially so in India”.**

**” A child gets split if given too much of good advice”**



## **STATEMENT OF THE PROBLEM**

A comparative study to assess the behavioral pattern of a single child and the child with sibling between the age group of 6-12 yrs in selected areas at Manamadurai.

## **OBJECTIVES**

- To assess the behavioral pattern of a single child.
- To assess the behavioral pattern of children with siblings.
- To compare the behavioral pattern of a single child and the child with sibling between the age group between 6-12 yrs.
- To find out the association between the behavioral pattern of a single child and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.
- To find out the association between the behavioral pattern of children with siblings and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.

## **HYPOTHESES**

- ❖ There will be a significant difference between the single child and the child with siblings in behavioral pattern.
- ❖ There will be a significant association between the behavioral pattern of a single child and their selected demographic variable such as mother's age, educational status, and occupation, parenting style, and child age, sex, type of family, birth order & educational status.
- ❖ There will be a significant association between the behavioral Pattern of children with siblings and their selected demographic variables such as mother's age, educational status, and occupation income, parenting style, and child age, sex, type of family, birth order & educational status.

## **OPERATIONAL DEFINITION**

### **1. Behavioral Pattern**

Behavioral pattern refers to the activities of children such as obedience, friendliness, mingling with others, punctuality, proper schooling, absenteeism, adamant, helping others, exploring, independent making choice arts as measured by behavioral check list.

### **2. Single Child**

It refers to children those who are not having siblings in the family among the age group of 6-12years.

### **3. Child with siblings**

It refers to children those who are living with brothers and Sisters in their family between the age group of 6-12years.

#### **ASSUMPTIONS**

- ❖ Behavioral patterns of single child will differ from child with siblings.

#### **LIMITATIONS**

- ✚ The study was limited to children between the age group of 6-12years.
- ✚ The study was limited to school children studying in selected area at Manamadurai.
- ✚ The study was limited to 6 weeks of data collection.

#### **PROJECTED OUTCOME**

- The findings of the study will help the researcher to determine the behavioral pattern of a single child and the child with siblings.
- The study will help the health professional especially nurses to make measures to improve the child's behavior.
- The experiences would be a stepping stone to conduct more research in this topic.

## **CONCEPTUAL FRAME WORK**

A conceptual framework is an interrelated concept or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme (polite and hunger, 1995)

A conceptual framework for a particular study is the abstract and logical structure that enables researchers to link findings to the body of knowledge in nursing. It is developed from the existing theory and helps in identifying and defining the concept and interest and proposing relationship among them. The models give direction for planning research design, data collection and interpreting the findings. The present study is based on Rosen stock's and Becker and Health Belief Model (1974).

Rosen stock's and Becker and Health Belief Model (1974) addresses the relationship between a person's belief and behavior. It provides a way of behavior in relation to their health and how they will comply with health care therapies.

### **Individual perception**

The first component of this model involves the individual perception. In this individual perception it consists of behavioral pattern like obedience, friendliness, mingling with others, punctuality, proper schooling, absenteeism, adamant, helping others, exploring, independent making a choice. They are thought to be influenced by certain demographic variables such as mother's age, educational status, and occupation, parenting style, and child age, sex, type of family, birth order & educational status. Individual perception may vary with these systems.

### **Modifying factors**

The second component of this model consists of modifying factors. Modifying factors are the knowledge level of behavioral pattern. These factors can be modified through education. Behavioral pattern assessed through behavioral checklist. Behavioral pattern was graded as good, normal, poor.

**Likelihood of action**

The third component of the model consists of likelihood of taking action. It includes perceived threat of preventive action. In this study the perception and modifying factors together influences the perceived threat of behavioral pattern.



## **CHAPTER-II**

### **REVIEW OF LITERATURE**

**A literature review involves a systematic, identification, location, scrutiny and summary of written material that contains information on research problems.**

**-Polite and beck (2009)**

Review of literature serves as evidence and essential background for any research. It is an important step in the development of a research project. The review is broad, systematic and critical collection and evaluation of the important, published scholarly literature and unpublished research findings.

The development of each individual child follows a unique path, yet there are common identifiable and predictable patterns of change that occur with age (Springer –Verlag 1992).

When children reach the age of six they learn to trust others and develop a sense of autonomy. The stage that the children pass through before they reach 6 years are probably the most important for healthy personality development. Children who do not achieve the expected level of each stage are likely to remain handicapped, unless help is given to them.

Mafia 1963 considers abnormal behavior as an asymptomatic expression of emotional disturbances or environmental maladjustment. David (2003) describes behavioral problem is common in childhood it is defended as “behavior thoughts or feelings differ quantitatively from the

norm and as a result of his difference the child, is either suffering or development is being affected significantly”’.

Cottrell (2000) describes that the behavior problems are more prevalent among school children. Children in the age group of 4-6 years have 7% of prevalence rate. Children in the age group of 7-12 years have 27% of prevalence rate.

## **LITERATURE RELATED TO BEHAVIOUR PROBLEM OF SCHOOL AGE**

**World health organization (WHO)** statistics (2006) report on Aboriginal and Torres strait IS lender children aged 4-14 years were more likely to have a behavioral problem as long term condition than other non indigenous children.

- 14% Australian children and adolescents have behavioral problems. Boys are more likely to experience behavioral problem than girls.

**National statistics (2004)** reported on 10 % of children in the UK suffer extreme behavioral or emotional problems that put a strain on their family.

- British Medical Association (BBA) 2006 reported in Million children encountering behavioral problems including depression, violence. Self harm.

**International statistics (2009)** reported on over1000 members had been receiving end of physical violence by a student .

- Australia (2008) 175 violent attacks against a student .



Review of literature deals with related literature that was reviewed to broaden the understanding and to gain insight into the selected area under study. Therefore literature was reviewed and relevant extract pertaining to present study was presented under the following area.

- **Studies related to behavior problem to 6-12 yrs children.**
- **Studies related to single child.**
- **Studies related to children with siblings.**

### **STUDIES RELATED TO BEHAVIOUR PROBLEM OF 6-12 YRS CHILDREN;**

**Averdijsk M., Et al (2011)** assessed the relationship between parental separation and aggressive and internalizing behaviors. Parents retrospectively reported life events and problem behavior for first 10 years of the child's life on a quarterly basis using an event history calendar. The time sequences of separation and child problem behavior were analyzed .Parental separation affected both aggressive and internalizing behaviors even maternal depression, financial difficulties, parental conflict were included. Parental separation exerted a differ effected on child problem behavior as well as maternal depression.

**Xing X et al., (2011)** Conducted a study to examine gender differences in the reciprocal relations between parental physical aggression and child externalizing problem of behavior. A total of 454 school children reported on a study. The findings suggest that the child externalizing problem behavior some different for boys and girls.

**Feldman HM et al., (2011)** Assessed the risk for behavior problems in preterm children. Studies examining contributions of intellectual and environmental factors to behavioral outcomes. Using the child behavior checklist. Parents' reports for 63 preterm children were compared to 29 full term children of similar age, gender and intellectual ability to behavioral symptom scores. It shows preterm children had higher total and internalizing scores compared to a full term child. And had lower IQ. Conclude as preterm children had increased behavioral problem.

**Garner RE.,Et al (2010)** held a study on the parenting behaviors influence child well-being and development. Parenting behaviors (positive interactions, consistency and ineffective parenting) among caregivers of children with neurodevelopment disorders and/or externalizing behavior problems. These associations largely remained after accounting for child and family social-demographic characteristics. He concludes as children with multiple health conditions can be associated with less positive, less consistent and more ineffective parenting.

**Unpin GL., et al (2009)** analyzed the use of medications to manage behavior problem in children. The aim was to assess the efficacy of atypical antipsychotic medication in managing problem behavior in children with intellectual disabilities and borderline intelligence. A systematic review was conducted for placebo-controlled randomized double-blind trials. The included studies (N=6) showed that risperidone was significantly more effective than placebo in managing problem behaviors and most studies highlighted adverse events and weight gain.

Concluded as adverse events, these medications have to be used with caution.

**Luangrath A., et al(2008)** Conducted a study of Australian children aged 4-12 years experience externalizing behavioural problems such as aggression and hyperactivity. Similarly, around 12% experience internalizing problems such as anxiety and depression. Another common behavior problems, such as temper tantrums, arise as the child strives to achieve developmental milestones. He concludes as behavioral difficulties arise as a result of an interaction between biological vulnerabilities and environmental stresses. In most cases, behavioral difficulties are temporary, and occur as children.

**Sophia (2008)** conducted a study on behavioral problem among 60 school children. The stratified random sampling technique was used . Behavioral problem was measured by modifying Reutter scale. The mean behavioral problem was average 21.53 (SD=5. 40) among school children's.

**Salinger S ., et al (2006)** examines processes of internalizing and externalizing problems. Child's parent and peer relationships and individual characteristics -- were examined for mediating, moderating or independent roles in predicting problem behavior among 667 children over three years of middle school. Mediation was not found, parent and peer variables moderated the association between exposure and internalizing problems. Under high exposure, normally protective factors (e.g., attachment to parents) were less effective in mitigating the exposure's effects than under low exposure; attachment to friends was

more effective. Individual competence was independently associated with decreased internalizing

**Aalsma MC et al., (2006)** Surveyed parental practices on problem behavior based on gender and age effects with urban child. Participants were 8-13 years old (N = 3,658; 66%) and logistic regression models were conducted. Females, decreased friend monitoring was related to high problem behavior, maternal support and decreased home monitoring were significant. And where males are lack of home monitoring. Strategies for preventing problem behavior within urban communities will be more effective if they are tailored to gender and development factors.

**Catrin (2005)** studied on parenting behavior and school children behavioral and emotional problems among 1359 boys and girls aged 10-14 years in the Netherlands, to investigate their parenting are directly or indirectly associated with the emotional (depression , stress , low self esteem) and behavioral (delinquency, aggression) problems . Self reported questionnaire was used to assess parenting behavior. Descriptive analysis and multiple regression analysis were used . The value of delinquency M (4.28), S.D (3.9) in boys (1.08) S.D (0.20) in girls value (11.22). Aggression M (1.31), S.D (. 29) for boys M (1.20), S.D (0.22) at (7.53) . The analysis yielded a comparable patterns for the relations between parenting and stress and self esteem.

**Jane Q et al (2002)** compared the parenting styles and child behavioral problems in 108 females caregivers of 6-10 years old children of African American school children. To examine the relations between parenting styles and child behavior in African American school children.

Co relational analysis and hierarchical regression and analysis was used. The results provided strong support for the cross cultural validity of parenting styles.

## **STUDIES RELATED TO SINGLE CHILD**

**Guest (2009)** analyzed on the personality characteristics of only children. It provides a baseline, archival resource on 16 different personality domains and personality development. Results found that only children scored significantly better than another group achievement motivation and personal development. Achievement motivation especially reliable, persisting several groups conclude as only children were comparable in most respects to their sibling counterparts.

**Faldo T (2008)** analyzed the developmental outcomes of only children in the US have been found to be greatly affected by 4 groups of factors 1) the strong cultural expectation that only children are selfish, lonely and maladjusted. These beliefs can influence the judgments of observers and even cause the expected behavior. 2) The voluntariness of having a single child. In the past, Americans were choosing to have 1 child were few and tended to be somewhat deviant. Women involuntarily having 1 child came from more traditional backgrounds and were unhappy because of their failure to fulfill their fertility desires. 3) The number of adults in the family unit. In the US the incidence of single parents is higher for 1-child families. The widely accepted confluence model of intellectual development suggests that the more adults and fewer children that live in the home, the greater the child's intellectual development. 4) The age of the child studied. It seems likely that the differences between only children and others vary according to the age of

the child, and that maturation and family size have an interacting influences on social development. 3 recent studies have shown that only children in the US are advantaged in terms of educational attainment. 4 recent literature reviews have concluded that only children are no different from others in personality characteristics. They appear from research results to be no more lonely or maladjusted than other children, although they may be less sociable. The concept of selfishness is difficult to operationalize and measure objectively the flawed studies attempting to do so have yielded mixed evidence regarding the selfishness of an only child

**Hesketh T., Et al (2007)** conducted a study to determine levels of behavior problem in primary school children, and to explore key determinants relevant to the Chinese context being an only child, urban living, school stresses, being bullied and physical punishment. Scores showed that 13.2% of the children had a behavior problem. Girls manifest more emotional problems (2.3%) and boys more conduct problems. Emotional problems were most strongly associated with being an only child was not associated with behavior problems.

**Tai JJ (2007)** analysis a single-child family is considered to be completely uninformative. This shows that such a family can provide information on linkage disequilibrium, even if it provides no information on linkage equilibrium. A transition matrix consisting of the recombination fraction and the phase proportion is proposed to study the genetic transmission from a pair of parents to their single child. The information about linkage for a single-child family is shown to be confounded by the phase proportion. This explains why such a family

used to be considered uninformative under the assumption of linkage equilibrium.

**Alexandria VA (2006)** conducted a negative stereotype of only children are pervasive despite a growing trend towards single child families and evidenced of the only child's strengths. People maintain definite beliefs about the characteristics of each ordinal position in a family, typically viewing only children as lonely, spoiled, and maladjusted. Literature provided an accurate understanding of stereotype of only children, their assets, and the challenges they face.

**Baraka S (2006)** China has an increasing number of households with only one child. Most experts on child rearing, that children from one-child families are cause for public concern. The main problem is with parents' attitudes, prejudices, and perceptions about the kind of education they think should be provided to their children. Parents' education directly influences children. 70% of parents want their children to go to college, while more than 90% are most concerned with their children's academic performance. These parental preoccupations and attendant demands weigh heavily upon children. Teenagers from one-child families responding to a survey of Sister Zhixin's hotline complained that parents regard them as slaves instead of as independent human beings and that they are lonely at home. While it may be true that parents of single children in China regard their children as property, anecdotal evidence suggests that this perspective on parenthood is changing for the better.

**Jing Q (2002)** assessed China's population explosions of the early one-child population policy, can be expected to have an effect on the country's demographic structure that will persist for another 60-80

years. The proportion of the population over 60 years of age should increase from 7.6% to a peak of 25.3% by 2040. As a result, by the mid-21st century, a labor force comprised of half the population will be supporting equal numbers of young and aged people. Although political and economic utility factors make it unlikely that China's fertility rate will ever fall below 2.0, the steady aging of society will have long-term social as well as demographic consequences. Increased material and emotional investment in children, brought about by the one-child policy, may compete with investments in the needs of the aged. Recommended is a consolidation of a three-generation family system in which grandparents help to maintain family interdependence and provide child care in exchange for support from their adult children.

#### **STUDIES RELATED TO CHILD WITH SIBLINGS;**

**Richmond MK, Stocker CM (2008)** conducted a longitudinal association between parents hostility and siblings externalizing behavior in the context of marital discord. The sample included 116 families (mothers , fathers & siblings) assessed in middle childhood, when siblings on average 8 & 10yrs .Results indicated both within the family and between family effects specifically the child .Who received more parental hostility than his or her siblings showed greater increases in externalizing problems than his or siblings.

**Stefan C Walter (2008)** conducted a sibling rivalry. A rivalry of Switzerland, a study analyzed the sibling size and birth order effect on educational achievement in the basis of data. We find an overall sibling size to effect sibling size and birth order effect, the sibling is a product of substantial and significant negative size effect for families with lower



socioeconomic status and a positive effect is small. Negative families with a higher socioeconomic status compared to single child families with the same background. The hypothesis is that parents of larger families spend on average less time with their children is also tested and shows that expected negative effect of the sibling size.

**Gas's K et al (2007)** conducted a longitudinal study on sibling relationships protective. Although the protective effects of family and parental support have been studied extensively in the child psychopathology literature, few studies have explored the protective quality of positive sibling relationships on the child adjustment for children experiencing stressful life event and child adjustments. Older siblings assessed the quality of relationships between stressful events. The protective effect of positive sibling was evident regardless of mother-child relationship quality. Positive sibling relationship is the important source of support for children experiencing stressful life events.

**Julia et al (2007)** conducted a study into sibling rivalry and birth order. In the research how birth order influences an individual's personality and the way react academic sibling rivalry. She found that last born siblings are more likely to feel academic rivalry . She found that last born sibling are more likely to feel academic rivalry compared to first born. She noted distinct variation of the first born to last. First born were also shown to be more dutiful.

**Kith Kimberly L (2007)** conducted a study on coping with sibling conflict. Her research consisted of a sample of 46 people in total males and females, each having only one brother and sister. Her work raises possible publications in a variety of psychological domains including

education, development, psychotherapy and health. She also tested to see whether there was any evidence that first born are less agreeable than last born to which there seemed to be no difference between two. The research also revealed that last born more open to experiences just not statistically so.

**Kim JY et al (2007)** conducted a study on longitudinal linkages between sibling relationships and adjustment from middle childhood to adolescence. The links between changes in sibling conflict and intimacy and changes in perceived peer social competence and depression symptoms were examined from middle childhood through adolescence. Participants were mother, father and first and second born siblings. Sibling relationship, sibling and parent adjustment, increase in sibling conflict were linked to increases in sibling intimacy were linked to increases in peer competence and for first girls decrease in depression symptoms.

**Pike A et al (2005)** conducted a study on sibling relationships in early /middle childhood links with individual adjustment. The overarching goal of the study was to identify links between sibling relationship quality in early/middle childhood with adjustment having accounted for the effect of parent –child relationship quality. The sample consist 100 working and middle class families with 2 children ages 4-8 yrs. Parents provided a report of sibling relationship quality. The children also provided reports of their familial relationship with an interview. Results indicated that sibling relationship quality was associated with the older siblings, adjustment, controlling for the children's relationship with the parents. Findings suggested that positivity within the sibling

relationship was more strongly linked with child adjustment than sibling conflict.

**Sunder DK (2005)** conducted studies on the consequences of antisocial behavior older male siblings for younger brothers and sisters. The siblings adolescent adjustment problems were examined in the context of parenting. Ineffective parenting during younger siblings' childhood had no direct effect on adjustment was mediated by siblings coparticipation in deviant activities with their older brothers during adolescence. Early siblings conflict and Co participation in deviant activities increased the risk for younger siblings adolescence. Early sibling conflict and Co participation in deviant activities increased the risk for younger siblings adolescent adjustment problems.

**Brandie SJ (2004)** Conducted a study on perceived support in sibling relationships and adolescent adjustment. Siblings may support each other, but also reveal fierce rivalry and mutual aggression. Supportive sibling relationships have been linked to the development of psychological competence of children. The relation of sibling problem was examined while controlling support from parents and friends and over time controlling for the aggressive effects of the problem. A sibling is most negatively related to externalizing the problem. Siblings problem behavior is strongly related to internalizing problems. The result indicates that adolescent's relationships with both older and younger siblings are characterized by modeling process.

## **CHAPTER-III**

### **RESEARCH METHODOLOGY**

The methodology of research indicates the general pattern to gather empirical data for the problem under investigation.

This chapter comprises the methodology for the study, research approach, research design, setting of the study, population, sample and sample size, sampling technique, criteria for selection of samples, selection of tooling, description of tool, testing of tools, pilot study, data collection procedure, plan for data analysis and protection of human rights. The present study aimed at assessing the behavioral pattern of a single child and sibling child between the age group of 6-12 yrs in selected areas at Manamadurai.

#### **RESEARCH APPROACH**

The quantitative research approach was adopted for this study. The purpose of the study was to assess the behavioral pattern among single child and children with siblings in the selected area at Manamadurai.

#### **RESEARCH DESIGN**

A comparative research design was used in this study. It comes under descriptive study.

#### **SETTING OF THE STUDY**

This study was conducted at Manamadurai, Sivagangai district. Manamadurai is a Panchayat town and have a population of 46,284 and the areas selected for the study was a railway colony, Sundaraja Puram

and kizhakarai and is located about 7kms away from Matha college of nursing, vannapuram, Manamadurai. The samples were taken under convenient sampling technique.

## **POPULATION**

The target population of the study was a single child and the child with siblings in the age group of 6-12 years.

## **SAMPLE**

The samples consisted of children those who were in the age group of 6-12years residing at Manamadurai.

## **SAMPLE SIZE**

The samples consisted of 100 children in the age group of 6-12 years. Among them 50 samples were single child and 50 samples were child with siblings.

## **SAMPLING TECHNIQUE**

The data were collected through a door to door survey method to identify the family with single child and the child with a sibling. After identifying the children Convenient sampling technique was used to select the samples.

## **CRITERIA FOR SELECTION OF SAMPLE**

### **INCLUSION CRITERIA**

- ✓ Single child in the family was included.
- ✓ Children living with one or more siblings was included.
- ✓ Children between the age group of 6-12 years
- ✓ Children who were willing to participate in this study.

## **EXCLUSION CRITERIA**

- Children with long term illness.
- Children who were not willing to participate.
- Child those who lost their siblings in their recent time.

## **DESCRIPTION OF TOOL**

Tools were prepared based on the related literature.

### **SECTION- A-**

Demographic data such as mother's age, educational status, occupation , income, parenting style, and child age, sex, type of family, birth order, educational status and health status.

### **SECTION-B**

A tool was developed by Acnenbech's behavioral check list. The purpose of this study was to assess the behavioral pattern of a single child and the child with siblings between the age group of 6 -12 yrs. The original tool consisted of 102 items through that the tool was have modified 50 items were selected. It had 3 point scale and a score of 0, 1 and 2 respectively for not true, sometimes true and very true.

## **SCORING PROCEDURE**

### **SECTION B**

A modified behavioral checklist was used to assess the behavior pattern of children in the age group of 6-12 yrs. There were totally 50 items. Each item had three options. A score of 2 was fixed for the very truth. A score of 1 was fixed for some time true and score of 0 for not true. The maximum possible score was 100, according to the total score they were categorized as follows.

<b>CATEGORY</b>	<b>SCORE</b>
• Good behavior pattern	- 0 to 54
• Average behavior pattern	- 55 to 77
• Poor behavior pattern	- 78 to 100.

## **TESTING OF THE TOOL**

### **VALIDITY**

The validity of the tool to assess the behavioral pattern of a single child and the child with sibling was established. To evaluate the content validity the tool was given to 5 experts in the field of nursing.

### **RELIABILITY**

The test and retest method was used to establish the reliability of the child behavior checklist, to assess the behavior pattern of a single child and sibling child. The reliability value was found to be  $r=0.821$  which was found to be reliable. So the tool was accepted as reliable.

## **PILOT STUDY**

A pilot study was conducted with 10 children who fulfilled the inclusion criteria. Among them 5 children were a child with siblings and 5 children were a single child. It was conducted in the manner of which the real study was done. Those subjects were excluded from the final study.

## **DATA COLLECTION PROCEDURE**

The data were collected from the samples using the behavioral check list to assess the behavior pattern of a single child and sibling child between the age group of 6-12 years at Manamadurai.

The data collection was scheduled in the month of August 2011. Before the data collection researcher got formal permission from the Manamadurai Panchayat office. The house was visited on the first week of the data collection period.

The researcher introduced herself to the mothers and children of the area and explained the purpose and the method of study. The main study was conducted for six weeks at Manamadurai, Sivagangai district. The investigator explained about the tool to each sample in person after establishing rapport with them individually. The data were collected through a door to door survey method to identify the family having a child with siblings and single child. After identifying the children, a convenience sampling technique was used to select the samples. Each sample was given 30 minutes for answering the tool (100 children who met the inclusion criteria). The data collection procedure was conducted at Manamadurai from 8am – 4 pm. For each child approximately 30 – 45



minutes were spent. The investigator collected data from 4 – 5 samples per day. The data collection procedure was terminated by giving thanks to the respondents. The investigator found no difficulties during the data collection period. Confidentiality of the data was maintained.

### **PLAN FOR DATA ANALYSIS**

The data to be analyzed was planned on the basis of objective and hypotheses of the study. The data obtained was analyzed using descriptive and inferential statistics such as mean, standard deviation, frequency percentage, independent 't' test and chi-square was used to assess the behavior of a single child and child with siblings.

S. No	Data analysis	Methods	Remarks
1.	Descriptive statistics	Frequency and percentage	Used to identify the behavior pattern of a single child.  Used to identify the behavior pattern of sibling child.
2.	Inferential statistics	Independent 't' test	Used to compare the behavior pattern of a single child and sibling child.
		Chi-square	Used to associate the behavior of a single child and selected demographic variables.
			Used to associate the behavior pattern of sibling child and selected demographic variables.

## PROTECTION AND SUBJECT RIGHTS

The research proposal was approved by the dissertation committee prior to the pilot study .The permission was obtained from the principal and head of the departments of the Matha college of nursing & permission obtained from the subjects. Oral consent was obtained from each member. Assurance was given to the study that anonymity each individual child was maintained.

## **CHAPTER-IV**

### **DATA ANALYSIS AND INTERPRETATION**

Data analysis is the systematic organization and synthesis of research data and testing of research hypothesis using those data. Interpretation is the process of making sense of the result and examining their implication. Analysis is the method of rendering qualitative data meaningful and providing intelligible information, so that the research problem can be studied and tested, including the relationship between the variables.

According to Denis polite (2005) Analysis is the method of organizing, sorting, and scrutinizing data in such a way that the research question can be answered.

The analysis and interpretation of the study were based on the data collected through a modified behavioral checklist to assess the behavioral pattern of a single child and a child with siblings. The result was computed by using descriptive and inferential statistics based on the objectives of the study.

#### **THE OBJECTIVES OF THE STUDY**

- To assess the behavioral pattern of a single child.
- To assess the behavioral pattern of child with siblings.
- To compare the behavioral pattern of a single child and the child with siblings between the age group between 6-12 yrs.
- To find out the association between the behavioral pattern of a single child and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.

- To find out the association between the behavioral pattern of children with siblings and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.

## **ORGANIZATION OF THE STUDY FINDINGS**

**Section I-** Distribution of samples on selected Demographic variables.

**Section II-** Level of behavioral pattern of single child & child with siblings.

**Section III-** Compare the behavioral pattern of a single child and the child with siblings.

**Section IV-** Association between the behavioral pattern of single child and the selected demographic variables.

**Section V-** Association between the behavioral pattern of child with siblings and selected demographic variables.

## SECTION 1

**Table 1: Distribution of samples on selected demographic variables  
of single child and child with siblings.**

S. No	Demographic variables	Single child N=50		Child with siblings N=50	
		F	%	F	%
1.	MOTHER				
	Age				
	a) 20- 23 yrs	11	22	8	16
	b) 24-27 yrs	5	10	8	16
	c) 28-31 yrs	22	44	21	42
	d) Above 32 yrs	12	24	13	26
2.	Educational status				
	a) Illiterate	7	14	6	12
	b) Primary	9	18	12	24
	c) Secondary	18	36	18	36
	d) Higher secondary	11	22	8	16
	e) Graduate	5	10	6	12
3.	Occupation				
	a) Home maker	9	18	11	22
	b) Cooly worker	16	32	20	40
	c) Professional	21	42	13	26
	d) Any other	4	8	6	12

4.	Monthly income				
	a) Rs. 1500-2000	12	24	14	28
	b) Rs. 2001-5000	24	48	24	48
	c) Rs. 5001-10000	14	28	12	24
5.	Religion				
	a) Hindu	12	24	14	28
	b) Muslim	24	48	24	48
	c) Christian	14	28	12	24
6.	Type of family				
	a) Nuclear family	21	42	21	42
	b) Joint family	16	32	23	46
	c) Extended family	13	26	6	12
7.	Parenting style				
	a) Authoritarian	13	26	14	28
	b) Permissive	18	36	21	42
	c) Uninvolved	19	38	15	30
1.	CHILD				
	Age				
	a) 6-8 yrs	16	32	16	32
	b) 9-10 yrs	22	44	25	50
	c) 11-12 yrs	12	24	9	18
2.	Sex				
	a) Male	25	50	18	36
	b) Female	25	50	32	64

3.	Birth order				
	a) First child	50	100	14	28
	b) Second child	-	-	33	66
	c) Third child	-	-	3	6
4.	Educational status				
	a) I std	6	12	2	4
	b) II std	9	18	11	22
	c) III std	10	20	13	26
	d) IV std	11	22	14	28
	e) V std	14	28	10	20
5.	Number of children in the family				
	a) One child	50	100	1	2
	b) Two child	-	-	34	68
	c) Three child	-	-	12	24
	d) Four child & above	-	-	3	6

**Table -1 Shows on selected demographic variables of a single child and sibling child:**

About the mother of single child 11 (22%) were in the age group of 20- 23 yrs, 5 (10%) were in the age group of 24-27 yrs, 22 (44%) were in the age group of 28-31 yrs 12 (24%) were in the age group of above 32 yrs. Among educational status 7 (14%) were illiterate, 9 (18%) were primary, 18 (36%) were secondary, 11 (22%) were higher secondary and 5 (10%) were graduates.

Among the mothers with sibling child 8 (16%) were in the age group of 20- 23 yrs, 8 (16%) were in the age group of 24-27 yrs, 21 (42%) were in the age group of 28-31 yrs 13 (26%) were in the age group of above 32 yrs. Their educational status 6 (12%) was illiterate, 12 (24%) were primary, 18 (36%) were secondary, 8 (16%) were higher secondary and 6 (12%) had graduated.

Regarding the occupation of single child mothers, home maker were 9 (18%), cooly worker were 16 (32%), professional were 21 (42%), any other 4 (8%) and sibling child mothers, home maker were 11 (22%), cooly worker was 20 (40%), professional were 13 (26%), any other 6 (12%).

The single child mothers were around 12 (24%) which belongs to the income of Rs. 1500- 2000, 24 (48%) belongs to income of Rs. 2001-5000, 14 (28%) belong to the income Rs. 5000-10000, and the sibling child mothers per month around 14 (28%) belong to income of Rs. 1500-2000, 24 (48%) belongs to income of Rs. 2001-5000, 12 (24%) belong to the income Rs. 5000-10000.



As for the religion of single child mothers 12 (24%) were Hindu, 24 (48%) were Muslim, 14 (28%) belong to Christian and sibling child mothers 14 (28%) belong to Hindu, 24 (48%) belong to Muslim, 12 (24%) belong to Christian.

Maximum number of single child mothers 21(42%) were belongs to the nuclear family, 16(32%) were joint family, 13(26%) were extended family and the sibling child mother were maximum 23(46%) were in the joint family, 21(42%) were nuclear family, 6(12%) were in the extended family.

About the parenting style of single child mothers, majority 19(38%) were uninvolved, 18(36%) were permissive, 13(26%) were authoritarian and parenting style of sibling child mothers majority 21(42%) were permissive, 15(30%) were uninvolved, 14(28%) were authoritarian.

Regarding the child; the single child 16 (32%) was between the age group of 6-8 yrs, 22 (44%) were between the age group of 9-10 yrs, 12 (24%) were between the age group of 11-12 yrs between them 25 (50%) male children, 25 (50%) were female children. And the sibling child 16 (32%) were between the age group of 6-8 yrs, 25 (50%) were between the age group of 9-10 yrs, 9 (18%) were between the age group of 11-12 yrs between them 18 (36%) were male and 32 (64%) were female.

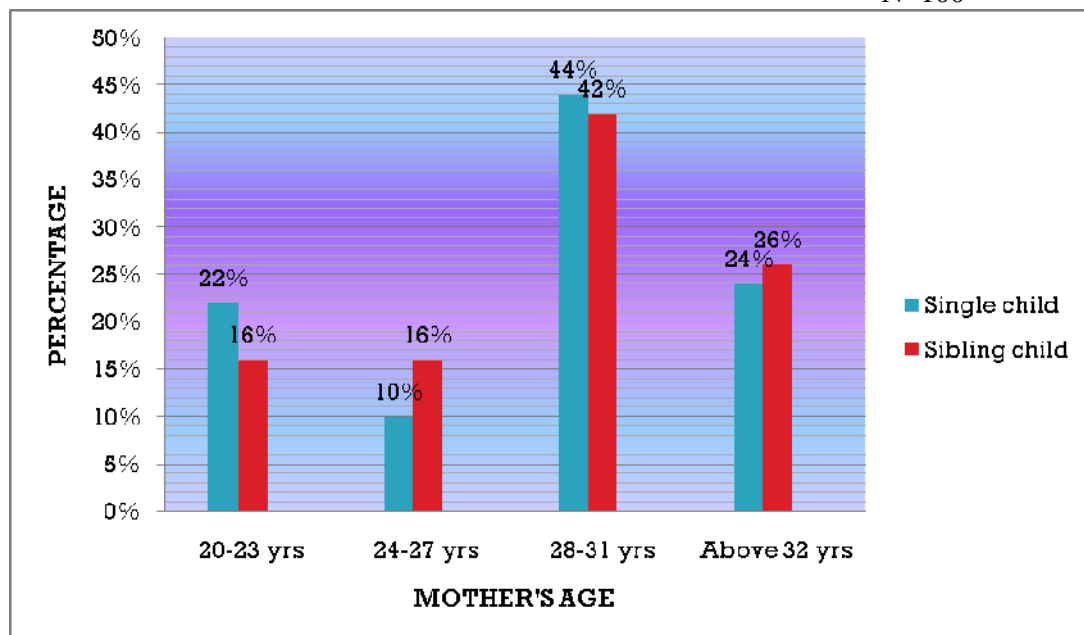
The birth order of the child was observed as 50 (100%) first child, and the sibling child birth order, 14 (28%) were first child, 33 (66%) were second child, and 3 (6%) were third child.

Regarding the educational status of single child, 6(12%) were in I std, 9(18%) were in II std, 10(20%) were in III std, 11(22%) were in IV std, 14(28%) V std and the educational status of sibling child, 2(4%) were in I std, 11(22%) were in II std, 13(26%) were in III std, 14(28%) were IV std, 10(20%) V std.

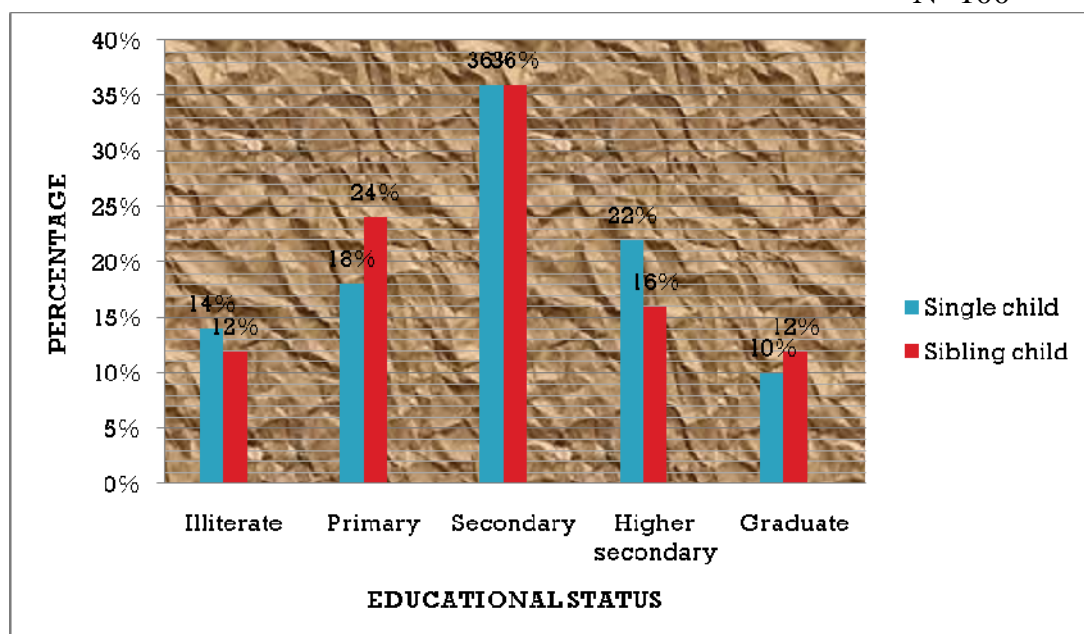
About the number of children in the family, single child were 50 (100%) are the only child, and sibling child 1 (2%) were having one child, 34 (68%) were having two children, 12 (24%) were three children, 3 (6%) four children and above.

**Fig.2 Distribution of samples according to mother's age.**

N=100

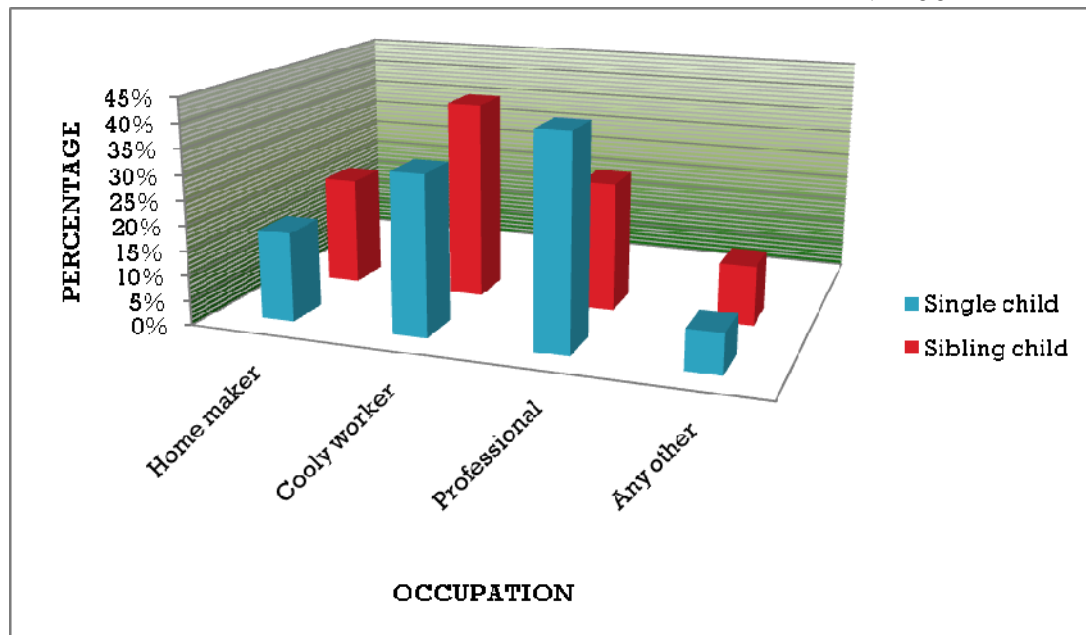
**Fig.3 Distribution of samples according to educational status.**

N=100



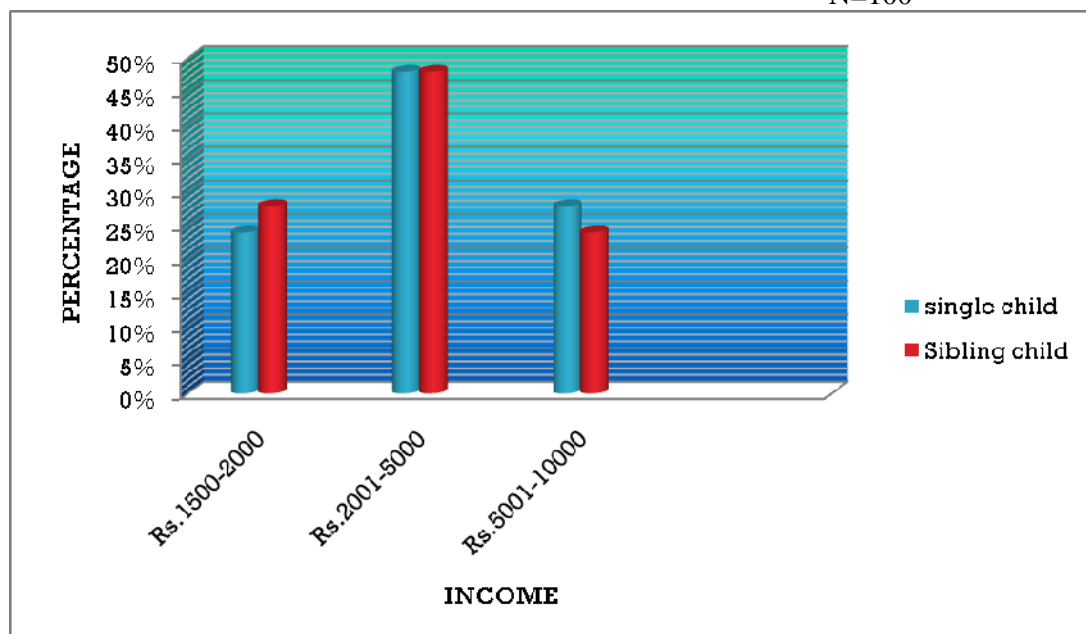
**Fig. 4 Distribution of samples according to educational status.**

N=100



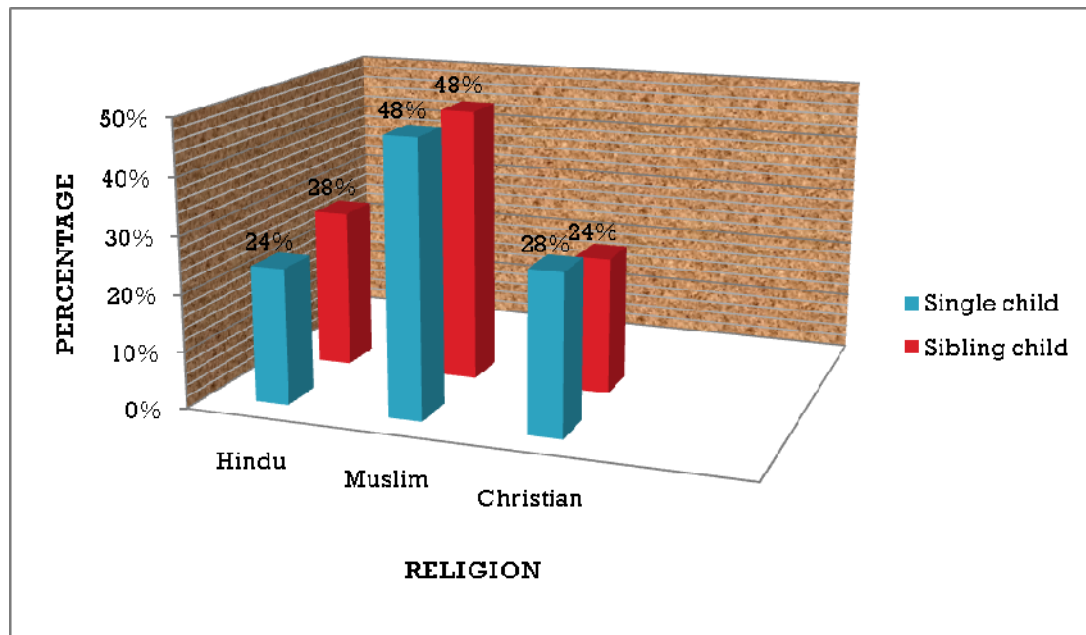
**Fig.5 Distribution of samples according to educational status.**

N=100

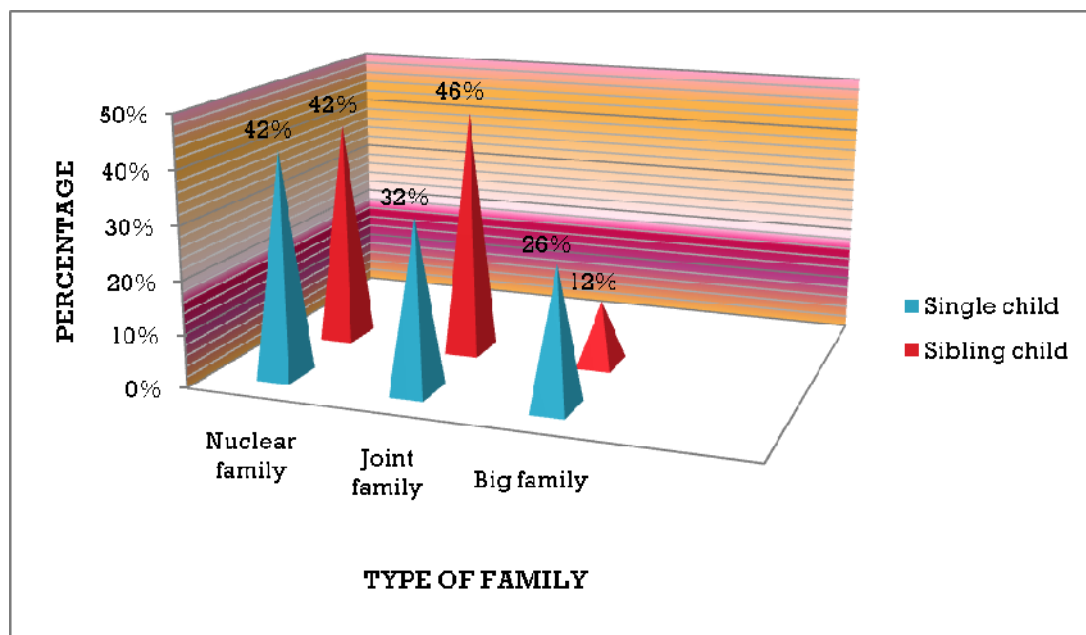


**Fig.6 Distribution of samples according to religion.**

N=100

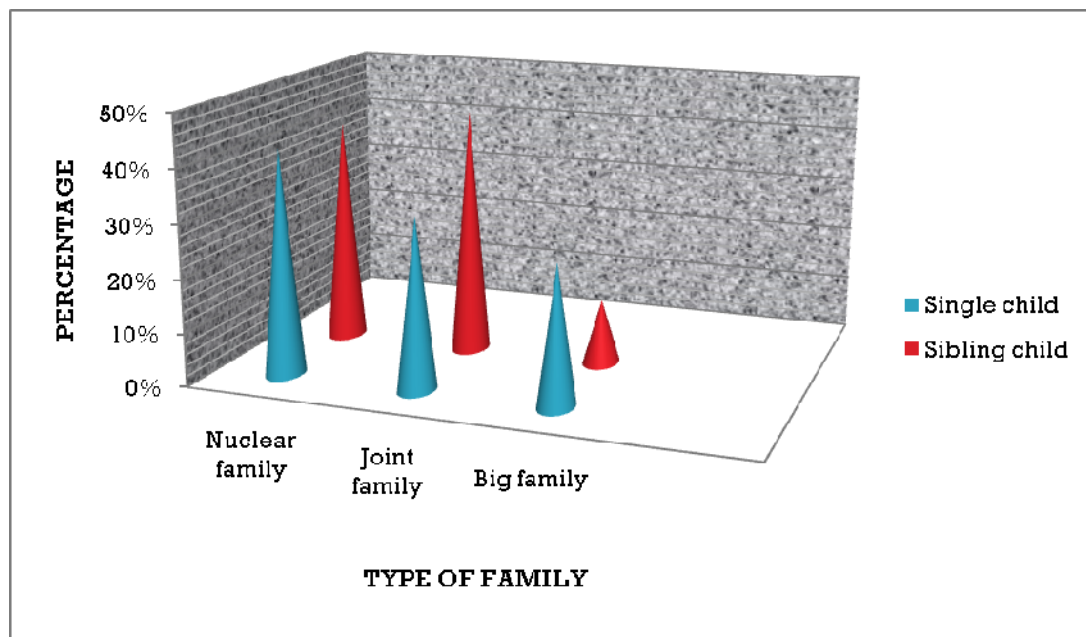
**Fig.7 Distribution of samples according to type of family**

N=100

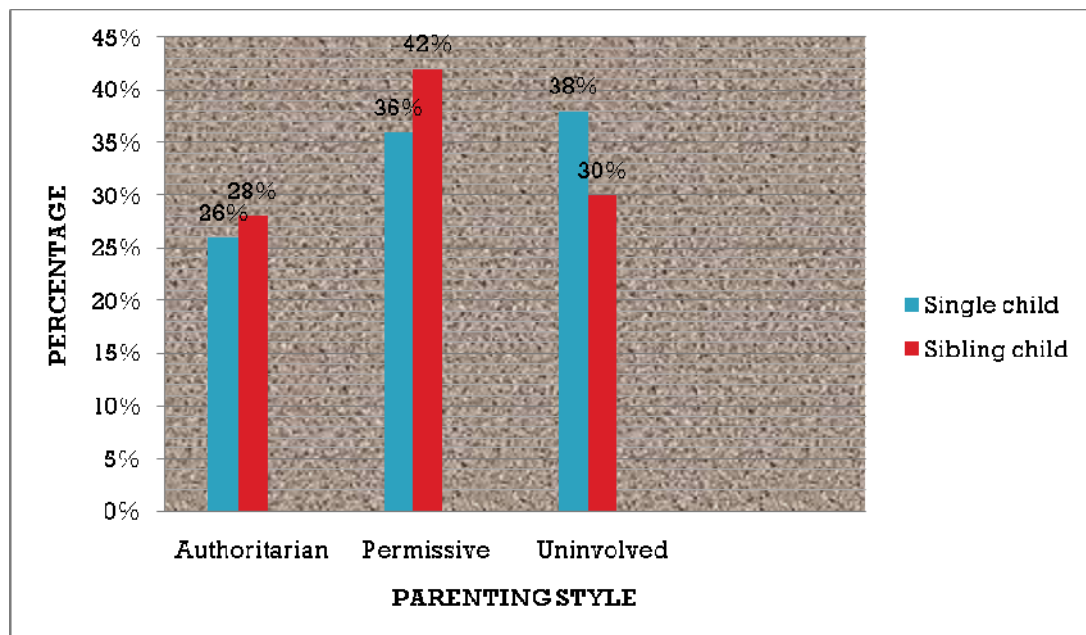


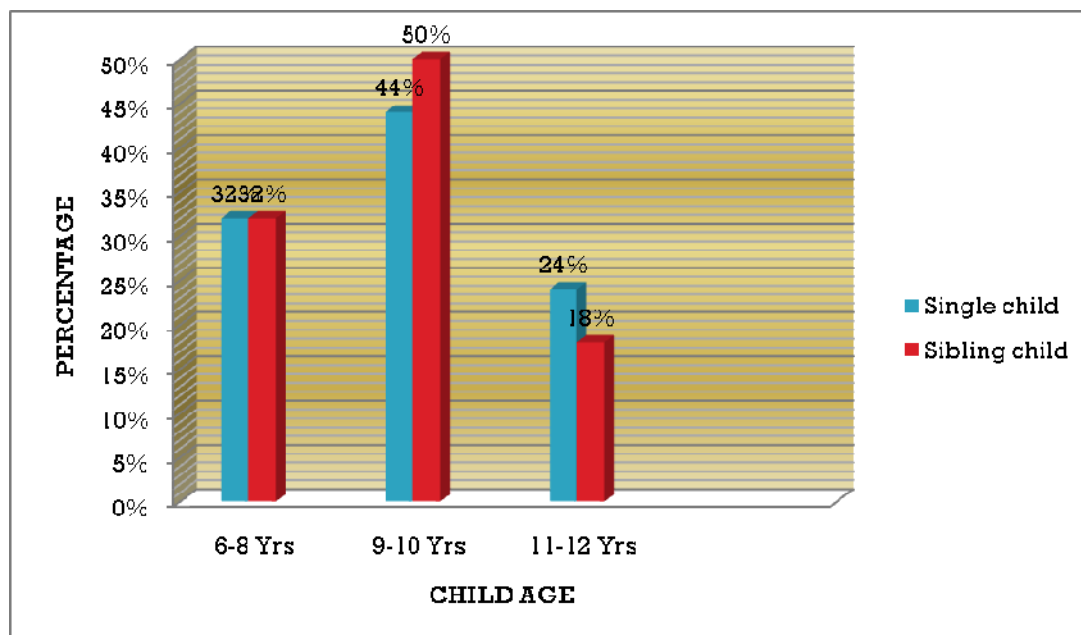
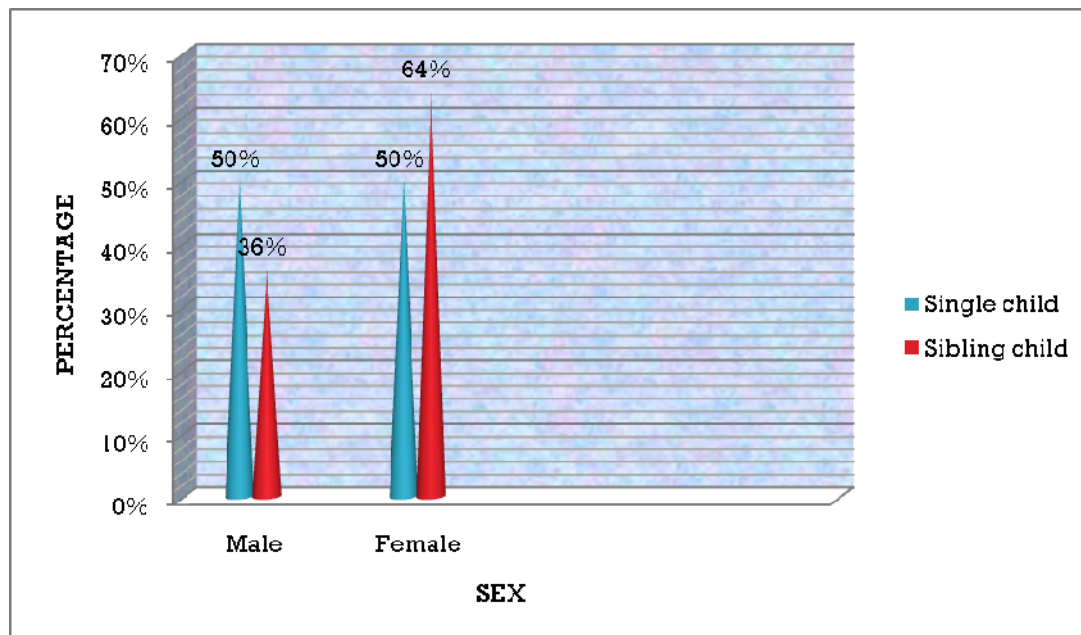
**Fig.8 Distribution of samples according to parenting style.**

N=100

**Fig.9 Distribution of samples according to child age.**

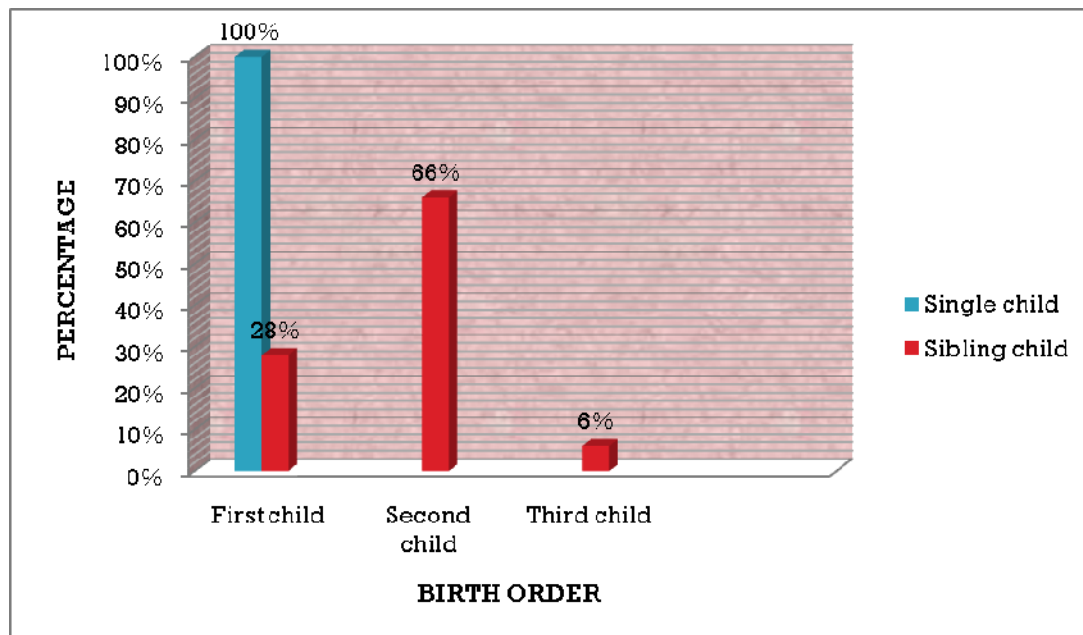
N=100



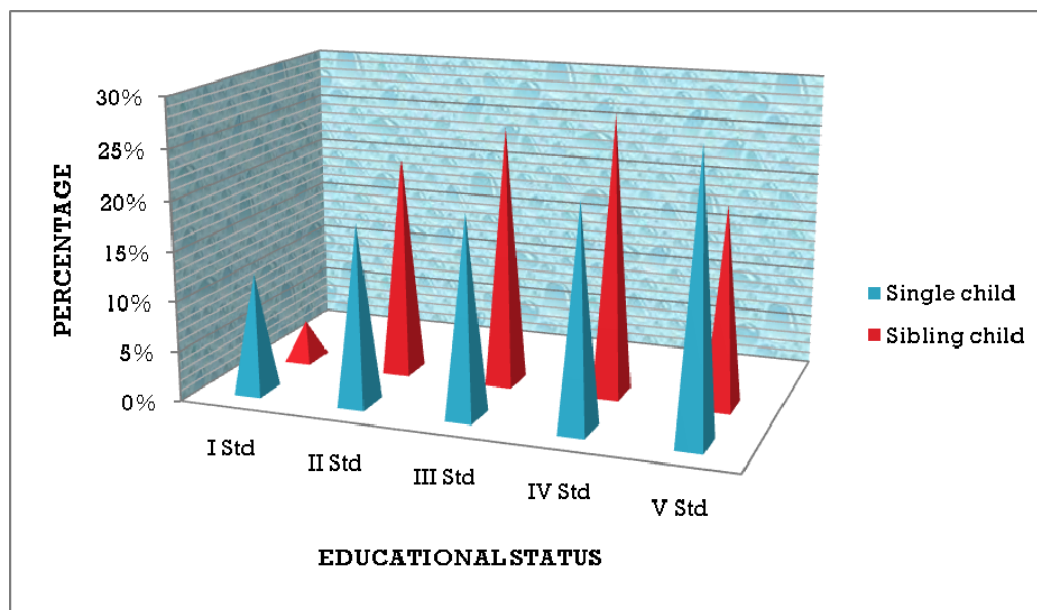
**Fig.10 Distribution of samples according to sex.****N=100****Fig.11 Distribution of samples according to birth order.****N=100**

**Fig.12 Distribution of samples according to educational status.**

N=100

**Fig.13 Distributions of samples according to no of children in the family.**

N=100





## SECTION II

**Table 2; Level of behavioral pattern of single child & child with siblings.**

<b>Level of Behavioral pattern</b>	<b>Single child (n=50)</b>		<b>Child with sibling (n=50)</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
	<b>F</b>	<b>(%)</b>	<b>F</b>	<b>(%)</b>
Good	12	24	35	70
Average	33	66	15	30
Poor	5	10	-	-

Based on the score obtained, the behavior pattern was divided into three categories that were Good behavior, Average behavior and Poor behavior.

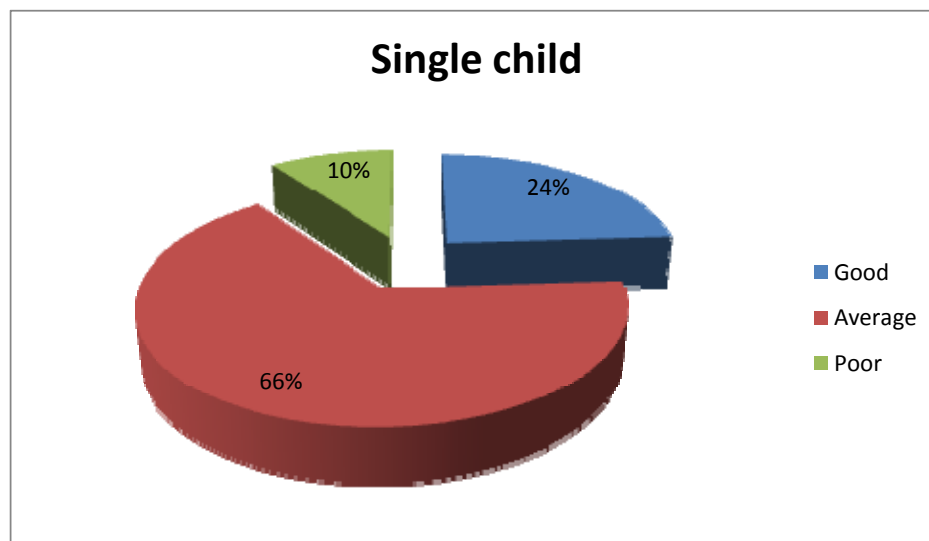
The data presented that among the 50 subject of single child, 12 (24%) had good behavior, 33 (66%) had average behavior, 5 (10%) of the subjects had poor behavior, and among 50 subject of sibling child, 35 (70%) had good behavior, 15 (30%) had average behavior, no subject had poor behavior.

The majority of the subjects of sibling child 35 (70%) had good behavior, 5 (10%) subjects of single child had poor behavior.

**Fig.14**

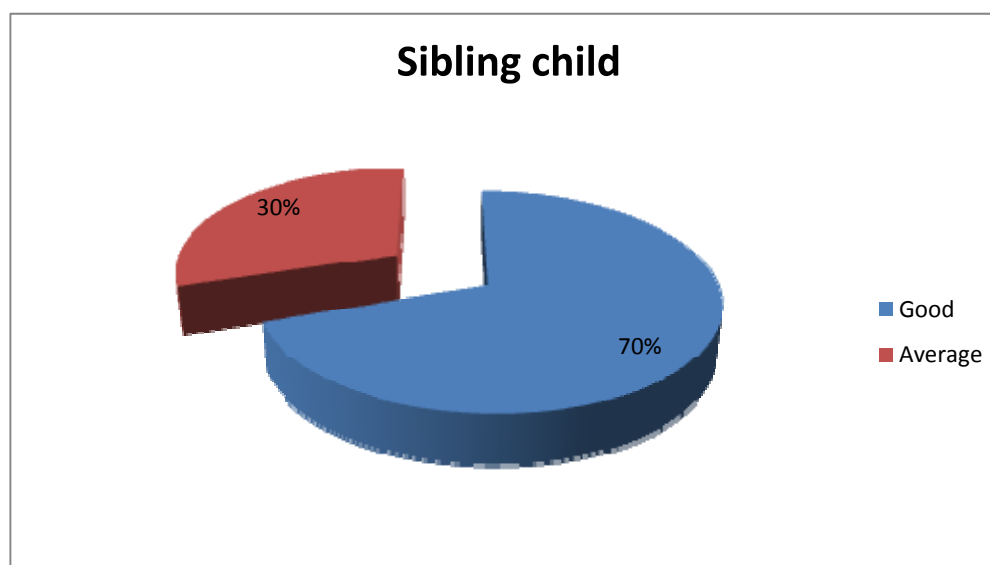
Distributions of samples according to level of behavior pattern  
Of single child.

N = 50

**Fig.15**

Distributions of samples according to level of behavior pattern of child  
with siblings

N = 50



### SECTION III

**Table 3: Compare the behavior pattern of a single child and the child with siblings.**

S. No	Group	N	Mean	SD	Independent 't' value	
					Calculated value	Table value
1	Single child behavior	50	63.04	10.66	6.444* (0.001)	3.39
2	Child with siblings behavior	50	49.56	10.27		

\*Significant at 1% level

The table shows that independent 't' test was used to find out the difference in the behavior pattern of a single child and sibling child. The mean score of single child behavior was 63.04 and SD was 10.66 and the mean score sibling child behavior was 49.56 and SD 10.27 was found. The observed 't' value was 6.444. This calculated value was greater than the table value at 1% level of significance, which showed that it was highly significant. So the researcher accepted the research hypothesis and concluded that there was a significant difference in behavior pattern between single child and sibling child.

## SECTION IV

**Table 4: associations between single child behavior pattern and selected demographic variables.**

(N=50)

Sl. No	Demographic variables	Level of behavior pattern						Table value	Chi-square value
	Mother's	Good		Average		Poor			
		F	%	F	%	F	%		
1.	Age								
	• 20-23 years	4	8	6	12	1	2	12.59	7.805 <sup>NS</sup>
	• 24-27 years	1	2	2	4	2	4		
	• 28-31 years	4	8	16	32	2	4		
	• >32 years	3	6	9	18	0	0		
2.	Educational status								
	• Illiterate	2	4	5	10	0	0	15.51	9.54 <sup>NS</sup>
	• Primary	2	4	4	8	3	6		
	• Secondary	6	12	11	22	1	2		
	• Higher secondary	1	2	9	18	1	2		
	• Graduate	1	2	4	8	0	0		
3.	Occupation								
	• Home maker	2	4	2	10	2	4	12.59	3.018 <sup>NS</sup>
	• Coolie worker	3	6	3	22	2	4		
	• Professional	6	12	6	28	1	2		
	• Any other	1	2	1	6	0	0		

4.	Income								
	• Rs.1500-2000	2	4	7	14	1	2		
	• Rs.2001-5000	3	6	16	32	2	4	9.49	1.524 <sup>NS</sup>
	Rs.5000-10000	1	2	10	20	2	4		
5.	Religion								
	• Hindu	4	8	12	24	0	0		
	• Muslim	4	8	3	6	0	0	9.49	9.185 <sup>NS</sup>
	• Christian	4	8	8	16	5	10		
6.	Type of family								
	• Nuclear family	8	16	13	26	0	0		
	• Joint family	3	6	9	18	4	8	9.49	10.098 <sup>S</sup>
	• Extended family	1	2	11	22	1	2		
7.	Parenting style								
	• Authoritarian	1	2	12	24	0	0		
	• Permissive	9	18	7	14	2	4	9.49	13.446 <sup>S</sup>
	• Uninvolved	2	4	14	28	3	6		
1.	CHILD								
	Age								
	• 6-8 yrs	5	10	11	22	0	0		
	• 9-10 yrs	5	10	13	26	4	8	9.49	4.065 <sup>NS</sup>
	• 11-12 yrs	2	4	9	18	1	2		

2.	Sex								
	• Male	7	14	15	30	3	6	5.99	1.17 <sup>NS</sup>
	• Female	5	10	18	36	2	4		
3.	Birth order								
	• First	12	24	33	66	5	10		
	• Second	-	-	-	-	-	-	9.49	0 <sup>NS</sup>
	• Third	-	-	-	-	-	-		
4.	Educational status								
	• 1 <sup>st</sup> std	2	4	4	8	0	0		
	• 2 <sup>nd</sup> std	2	4	7	14	0	0		
	• 3 <sup>rd</sup> std	4	8	5	10	1	2	15.51	5.998 <sup>NS</sup>
	• 4 <sup>th</sup> std	2	4	8	16	1	2		
	• 5 <sup>th</sup> std	2	4	9	18	3	6		
5.	No. of children in family								
	• One	12	24	33	66	5	10	12.59	0 <sup>NS</sup>

**S= Significant at 0.05 level**

**NS= Non - significant at 0.05 level**

The data presented in the table showed that the chi-square test was carried out to find out the association between the single child behavior pattern and selected demographic variables.

The result showed that there was a significant association between the behavior pattern of a single child and selected demographic variables such as type of family & parenting style. There was no significant association between demographic variables and the behavior pattern such as age, educational status, occupation, income, religion and birth order of a single child.

## SECTION - V

**Table 5; associations between child with siblings behavior pattern  
and demographic variables [N=50]**

Sl. No	Demographic variables	Level of behavior pattern				Table value	Chi-square value
	Mother's	Good		Average			
		F	%	F	%		
1	Age					7.82	2.898 <sup>NS</sup>
	• 20-23 years	7	14	1	2		
	• 24-27 years	6	12	2	4		
	• 28-31 years	15	30	6	12		
	• >32 years	7	14	6	12		
2	Educational status					9.49	6.812 <sup>NS</sup>
	• Illiterate	6	12	-	-		
	• Primary	9	18	3	6		
	• Secondary	13	26	5	10		
	• Higher	5	10	3	6		
	secondary	2	4	4	8		
	• Graduate						
3.	Occupation					7.82	7.473 <sup>NS</sup>
	• Home maker	11	22	-	-		
	• Coolie worker	14	28	6	12		
	• Professional	7	14	6	12		
	• Any other	3	6	3	6		



4.	Income						
	• Rs.1500-2000	14	28	-	-		
	• Rs.2001-5000	14	28	10	20	5.99	8.33 <sup>S</sup>
	• Rs.5000-10000	7	14	5	10		
5.	Religion						
	• Hindu	19	38	4	8		
	• Muslim	7	14	4	8	5.99	3.39 <sup>NS</sup>
	• Christian	9	18	7	14		
6.	Type of family						
	• Nuclear family	18	36	3	6		
	• Joint family	13	26	10	20	5.99	4.491 <sup>NS</sup>
	• Extended family	4	8	2	4		
7.	Parenting style						
	• Authoritarian	11	22	3	6		
	• Permissive	13	26	10	20	5.99	1.225 <sup>NS</sup>
	• Uninvolved	11	22	2	4		
1.	CHILD						
	Age						
	• 6-8 yrs	13	26	3	6		
	• 9-10 yrs	15	30	10	20	5.99	2.414 <sup>NS</sup>
	• 11-12 yrs	7	14	2	4		

2.	Sex						
	• Male	14	28	4	8		
	• Female	21	42	11	22	3.84	0.81 <sup>NS</sup>
3.	Birth order						
	• First	9	18	5	10		
	• Second	23	46	10	20	5.99	1.505 <sup>NS</sup>
	• Third	3	6	-	-		
4.	Educational status						
	• 1 <sup>st</sup> std	1	2	1	2		
	• 2 <sup>nd</sup> std	8	16	3	6		
	• 3 <sup>rd</sup> std	10	20	3	6	9.49	5.288 <sup>NS</sup>
	• 4 <sup>th</sup> std	7	14	7	14		
	• 5 <sup>th</sup> std	9	18	1	2		
5.	No. of children in family						
	• One	1	2	-	-		
	• Two	22	44	12	24		
	• Three	10	20	-	-	7.82	2.71 <sup>NS</sup>
	• Four & above	2	4	3	6		

**S= Significant at 0.05 level**

**NS= Non - significant at 0.05 level**

The data presented in the table showed that the chi-square test was carried out to find out the association between the child with siblings behavior pattern and selected demographic variables.

The result showed that there was a significant association between the behavior pattern of sibling child and selected demographic variables of mother's income. There was no significant association between the behavior pattern of sibling child such as age, type of family, parenting style, educational status, occupation, number of children, religion & birth order and the selected demographic variables.

## **CHAPTER-V**

### **DISCUSSION**

This chapter presents the interpretation of the statistical findings. It has been discussed based on the objectives of the study.

The aim of this study was to assess the behavior pattern of a single child and the child with siblings between the age group of 6-12 years in selected areas at Manamadurai.

The research design used in this study was comparative research design. The study population was between the age group of 6-12 years. The sample size was 100. A convenient sampling technique was used to collect the data.

The findings of the study had been discussed in terms of the Objectives and hypotheses of the study.

#### **Objectives**

- To assess the behavioral pattern of a single child.
- To assess the behavioral pattern of child with siblings.
- To compare the behavioral pattern of a single child and child with a sibling's child between the age group between 6-12 yrs.
- To find out the association between the behavioral pattern of a single child and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.

- To find out the association between the behavioral pattern of children with siblings and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.

### **The results of the study are discussed below**

#### **Objective 1 To assess the behavioral pattern of a single child.**

Table 2 showed the single child behavior 12 (24%) children had good behavior pattern, 33 (66%) had an average behavior pattern, and 5 (10%) had poor behavior pattern.

**Guest (2009)** analyzed on the personality characteristics of only children. It provides a baseline, archival resource on 16 different personality domains and personality development. Results found that only children scored significantly better than another group achievement, motivation and personal development. Achievement motivation especially reliable, persisting several groups, conclude as only children were comparable in most respects to their sibling counterparts.

**Hesketh T ., Et al (2007)** conducted a study to determine levels of behavior problem in primary school children, and to explore key determinants relevant to the Chinese context being an only child, urban living, school stresses, being bullied and physical punishment. Scores showed that 13.2% of the children had a behavior problem. Girls manifest more emotional problems (2.3%) and boys more conduct problems. Emotional problems were most strongly associated with being an only child was not associated with behavior problems.

Hence the researcher concluded that the majority of single child had an average behavior pattern and some of children had poor behavior pattern. So the researcher gave guidance to the mother to provide psychological support for the child in order to modify the child's behavior.

### **Objective2 To assess the behavioral pattern of children with siblings**

Table 2 showed the child with sibling behavior 35 (70%) children had good behavior pattern, 15 (30%) had an average behavior pattern, and no poor behavior pattern.

**Richmond MK, Stocker CM (2008)** conducted a longitudinal association between parents hostility and siblings externalizing behavior in the context of marital discord. The sample included 116 families (mothers , fathers & siblings) assessed in middle childhood, when siblings on average 8 & 10yrs .Results indicated both within the family and between family effects specifically the child .Who received more parental hostility than his or her siblings showed greater increases in externalizing problems than his or sibling.

**Stefan C Walter (2008)** conducted a sibling rivalry. A rivalry of Switzerland, a study analyze the sibling size and birth order effect on educational achievement in the basis of data. We find an overall sibling size to effect sibling size and birth order effect, the sibling is a product of substantial and significant negative size effect for families with lower socioeconomic status and a positive effect is small. Negative families with a higher socioeconomic status compared to single child families with

the same background. The hypothesis is that parents of larger families spend on average less time with their children is also tested and shows that expected negative effect of the sibling size.

Hence the researcher concluded that the majority of sibling children had good behavior pattern. Since children are mingling with others and sharing their feelings they have good behavior pattern.

### **Objective3 To compare the behavioral pattern of a single child and the child with siblings**

The hypothesis stated was, there will be a significant difference between the behavior of pattern single child and children with siblings. The mean score of single child behavior was 63.04 and SD was 10.66 and the mean score of sibling child behavior was 49.56 and SD was 10.27. The observed 't' value was 6.444. this calculated value is greater than the table value at 1% level of significance which showed that this was highly significant. So the researcher accepted the research hypothesis and concluded that there was significant difference in behavior pattern of single child and sibling child.

**Kim JY et al (2007)** conducted a study on longitudinal linkages between sibling relationships and adjustment from middle childhood to adolescence. The links between changes in sibling conflict and intimacy and changes in perceived peer social competence and depression symptoms were examined from middle childhood through adolescence. Participants were mother, father and first and second born siblings. Sibling relationship, sibling and parent adjustment, increase in sibling conflict were linked to increases in sibling intimacy were linked to increases in peer competence and for first girls decrease in depression symptoms.

Hence the researcher compared the behavior pattern between single child and sibling child. It showed the majority of sibling child had good behavior pattern and a majority of single child had an average and poor behavior pattern. Since the sibling children were adjusting in the family, friends and sharing the problems it helps to reduce behavioral disturbance.

**Objective 4 To find out the association between the behavioral pattern of a single child and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order& educational status.**

The hypothesis stated was, there is a significant association between the behavior pattern and selected demographic variables of a single child. In this study there was a significant association between the behavior pattern and selected demographic variables such as type of family & parenting style.

**Objective 5 To find out the association between the behavioral pattern of children with siblings and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order& educational status.**

The hypothesis stated was, there is a significant association between the behavior pattern and selected demographic variables of child with a sibling. In this study there was a significant association between the behavior pattern and selected demographic variable of mother's income.



## **CHAPTER-VI**

### **SUMMARY, IMPLICATION, RECOMMENDATION AND CONCLUSION**

This chapter deals with a summary of the study findings and its implications for nursing and health care services. It clarifies the limitations of the study, the implications and recommendations given for different areas like nursing education, nursing practice, administration of health care delivery system and nursing research.

#### **SUMMARY OF THE STUDY**

The purpose of the study was to compare the behavior pattern of a single child and sibling child. Comparative research design was used to conduct this study.

#### **OBJECTIVES OF THE STUDY**

- To assess the behavioral pattern of a single child.
- To assess the behavioral pattern of child with siblings.
- To compare the behavioral pattern of a single child and the child with siblings between the age group between 6-12 yrs.
- To find out the association between the behavioral pattern of a single child and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order& educational status.

- To find out the association between the behavioral pattern of a child with sibling and their selected demographic variables such as mother's age, educational status, occupation, income, parenting style, and child age, sex, type of family, birth order and educational status.

## MAJOR FINDINGS







- ❖ A majority of 22 (44%) mothers were between the age group of 28-31 yrs.
- ❖ A majority of 18 (36%) mothers was having higher secondary education.
- ❖ The majority of single child mothers 21 (42%) were professional, Sibling child mothers 20 (40%) were cooly workers.
- ❖ The majority of the single child mother monthly income was about 24 (48%) 2001-5000 .
- ❖ The majority of samples were Muslim 24 (48%).
- ❖ Single child 21 (42%) was nuclear family. Sibling child 19 (38%) were joint family.
- ❖ Single child 19 (38%) parents were uninvolved. Sibling child 21(42%) parents were permissive.
- ❖ Single child 22 (44%) falls between the age of 9-10 yrs. Sibling child 25 (50%) falls between the age of 9-10 yrs.
- ❖ Sibling child 32 (64%) were female.

- ❖ Sibling child 33 (66%) were second child.
- ❖ Single child 14 (28%) was in V STD. Sibling child 14 (28%) where IV STD.
- ❖ Sibling child 34 (68%) was having two children in the family.
- ❖ Behavior pattern was classified as good, average and poor. The majority of single child 33 (66%) had an average behavior pattern. Sibling child 35 (70%) good behavior pattern.
- ❖ There was a significant association between the behavior pattern of a single child and selected demographic variables such as type of family, parenting style and number of children. There was no significant association between the behavior pattern of the single child and demographic variables such as age, educational status, occupation, income, religion and birth order.
- ❖ There was a significant association between the behavior pattern of a child with sibling and selected demographic variables like mother's income. There was no significant association between the behavior pattern of sibling child and demographic variables such as age, type of family, parenting style, educational status, occupation, number of children, religion and birth order.






## **IMPLICATIONS**

The findings of the study have implications in various areas of nursing such as nursing practice, education, administration, and research.




### **IMPLICATIONS FOR NURSING PRACTICE**

-  The nurse can teach the parents effectively about the behavior pattern such as adjustment, punctuality and obedience.
-  The nurse can teach the mother to adopt the relationship of the child which helps to bring up the child without behavior problems and adjust to school life and surroundings.
-  School health nurse can identify the behavior problem and inform to the parents as early as possible.
-  The pediatric nurse should educate the mothers to adopt a positive parenting style in order to bring up the child without behavior problems.
-  Educate the mother regarding early identification of problem deviation from normal behavior pattern in order to prevent personality disorder and to go for proper referral services that includes referring them to clinical psychologist and a child psychiatrist.
-  School health nurse has to identify the children with behavior problem and provide proper counseling to the parents and children.

## **IMPLICATION FOR NURSING EDUCATION**

-  Nursing curriculum should emphasize more on the practical aspect of growth and development.
-  Nursing education must enable the student to assess all aspects of development including psychosocial, psychosexual, moral, cognitive, and spiritual.
-  Nursing education should prepare nurses to motivate the parents' knowledge regarding child behavior.
-  Nursing education should help to identify the behavior problem among the children and need to prevent them.
-  The nurse must teach and guide the parents regarding the responsibilities to bring up the child in each stage of development.

## **IMPLICATION FOR NURSING ADMINISTRATION**

-  Nurse administrators can utilize the research knowledge into practice, so that the school children and their parents can be benefited.
-  Nurse administrator should plan to organize the educational program to know the importance of behavioral practice and positive relationship.
-  Nurse administrators can create awareness to the school children regarding the behavior problems.

- ✚ Nurse administrator should motivate the nursing personnel to participate and conduct counseling and education program in order to prevent the behavioral problem.

## **IMPLICATION FOR NURSING RESEARCH**

- ✚ Extensive research can be conducted to find out the behavior problem.
- ✚ The study can be conducted to identify the other influencing factors of behavior problem.
- ✚ Research can be focused on behavior modification of children.
- ✚ Research can be conducted to improve the quality of life among single child.
- ✚ Research can provide the baseline information about the single child family.

## RECOMMENDATIONS

The following recommendations were made based on the findings of the study.

- A similar study can be done on a large sample.
- A study can be done to find out the behavior problem of the single child family.
- A study can be done to find out the risk for altered growth and development of children living with behavioral problems.
- A study can be done to find out the problems of school children.
- A study can be conducted to identify the effectiveness of a structured teaching program in modification of children's behavior.
- A comparative study can be done to find out the behavior problem of pre term and term children.

## CONCLUSION

Childhood period is important in the life. During this period, the child undergoes a remarkable change in the life. Parents and school teachers have to understand the child's problem and to solve them. Many of single child having poor interpersonal skills, it results from the less effective relationship. The parents must realize their problem and mingle with them, in order to help and guide the children to lead their life in a healthy manner both physically and mentally.

As a part of the curriculum, the researcher took this study to compare the behavior pattern of a single child and sibling child as a dissertation work. When the researcher collected the data many of the only children were having psychological problems. Each child had different level of behavior pattern. Proper counseling was necessary to treat and evaluate the behavioral problem. Mothers can spend as much time as possible to express their feelings and thoughts to make them memorable.

More time to be spent with the children by the parents irrespective of their profession will help to reduce the behavioral problem.



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## APPENDIX-I



### LETTER SEEKING PERMISSION TO CONDUCT STUDY MATHA COLLEGE OF NURSING

(Affiliated to the Tamilnadu Dr.M.G.R. Medical University)

Vaanpuram, Manamadurai – 630 606.

Sivagangai District, Tamilnadu.

Prof: Shaberabanu, M.Sc., (N), (PhD)

Principal

To

The President,  
Manamadruai Union,  
Sivagangai District.

Respected Sir / Madam,

**Sub:** Project work of M.Sc., Nursing student in urban area  
around Manamadruai.

I am to state that Ms. Kalaivani. C one of our final year M.Sc., Nursing students has to conduct a project, which is to be a partial fulfillment of university requirement for the degree of Master of Science in Nursing.

The topic of research is ‘‘A comparative study to assess the behavioral pattern of single child and a child with siblings between the age group of 6-12 yrs in selected area at Manamadurai’’. Kindly permit her to do the research work in your rural area.

Thanking you.

Place :

Yours faithfully

Date:

Prof:Shaberabanu,M.Sc.,(N), (PhD)

Principal

**APPENDIX-II**  
**LETTER SEEKING EXPERTS' OPINION FOR CONTENT**  
**VALIDITY OF THE TOOL**

From

Ms. Kalaivani .c  
M.Sc. Nursing, II Year,  
Matha College of nursing, Manamadruai.

To

Through: The Principal, Matha College of Nursing, and  
Manamadruai.

Respected madam,

**Sub:** Requisition for getting expert opinion and suggestion for  
content validity of the tool.

I am a second year master degree student in Matha College of Nursing, Manamadruai in partial fulfillment of Master Degree in Nursing. I have selected the topic mentioned below for the research project to be submitted to the Dr. MGR Medical University, Chennai.

**Problem statement:**

‘A comparative study to assess the behavioral pattern of single child and a child with siblings between the age group of 6-12 yrs in selected areas at Manamadurai’.

I request you to kindly validate the tool and give your expert opinion for necessary modification and also I will be very grateful if you refine the problem statement and objectives.

**ENCLOSURES:**

Statement of the Problem  
Objectives  
Hypothesis  
Research Tool  
Demographic profile  
Modified behavioral check list

Thanking you.

Place: Manamadruai  
Date:

Yours faithfully  
Ms.Kalaivani.C

**APPENDIX-III**  
**CERTIFICATE FOR VALIDATION**

This is to certify that the tool developed for data collection by **Ms. Kalaivani. C** Final year student of Matha College of nursing, Manamadruai (affiliated to Dr.MGR Medical University) is validated and can proceed with this tool and conduct the main dissertations entitled "A comparative study to assess the behavioral pattern of single child and a child with siblings between the age group of 6-12 yrs in selected areas at Manamadurai."

Date :

Signature :

## **APPENDIX-IV**

### **LIST OF EXPERTS**

- 1. Dr.PRABHAKAR NAVAMANI, MD.,DCH,**  
Navamani child specialty hospital  
Madurai.
- 2. Prof. Mrs. SHABERA BANU., M.SC(N), PhD**  
Principal  
Matha College of nursing
- 3. Prof. Mrs. THAMARAI SELVI., M.SC(N), PhD**  
Additional vice principal  
Matha college of nursing.
- 4. Prof Mrs. JASMIMINE SHEELA, M.SC(N),phd**  
Principal  
Mount Zion college of nursing  
Pudukottai.
- 5. Prof Mrs.SARASWATHI,M.SC(N),Phd**  
Principal  
Rama Chandra College of nursing,
- 5. Prof.Mrs. KAVITHA, M.sc(N)**  
Sara college of nursing  
Dharapuram .
- 6. Prof. Mrs. HELEN RAJAMANICKAM., M.SC (N)**  
H O D of community health nursing  
Matha College of nursing



## **APPENDIX V**

### **DEMOGRAPHIC VARIABLES**

#### **MOTHER**

1. Mother's age
  - a) 20-23 yrs
  - b) 24-27yrs
  - c) 28-31yrs
  - d) Above 32yrs
2. Educational status
  - a) Illiterate
  - b) Primary
  - c) Secondary
  - d) Higher secondary
  - e) Graduate
3. Occupation
  - a) Home maker
  - b) Cooly worker
  - c) Professional
  - d) Any other
4. Monthly income
  - a) Rs.1500-2000
  - b) Rs.2001-5000
  - c) Rs.5001-10000

5. Religion

- a) Hindu
- b) Muslim
- c) Christian

6. Type of family

- a) Nuclear family
- b) Joint family
- c) Extended family

7. Parenting styles

- a) Authoritarian
- b) Permissive
- c) Uninvolved

## **CHILD**

### **1. Age**

- a) 6-8yrs
- b) 9-10yrs
- c) 11-12 yrs

### **2. Sex**

- a) Male
- b) Female

### **3. Birth order**

- a) First child
- b ) Second child
- c) Third child

### **4. Educational status**

- a) 1<sup>st</sup> std
- b) 2<sup>nd</sup> std
- c) 3<sup>rd</sup> std
- d) 4<sup>th</sup> std
- e) 5<sup>th</sup> & above

### **5. No .Of children in the family**

- a) One child
- b) Two child
- C) Three child
- d) Four child & above

**jdpegh; Gs;sp tpguk;**

**jhapd; tpguk;:**

1. taJ:

m) 20-23 taJ

M) 24-27 taJ

,) 28-31 taJ

<) 32tajpw;FNky;

2. fy;tpj;jFjp:

m) fy;tpmwptw;wth;

M) njhlf;ff;y;tp

,) ,ilepiyf;fy;tp

<) Nky;epiyf;fy;tp

c) gl;ljhhp

3. Ntiy

m) tPl;by; ,Ug;gth;

M) \$yp Ntiyghh;gth;

,) fy;tp ngw;wth;

<) gpw

4.khj tUkhdk;

m) &.1500 - 2000

M) &.2001 - 5000

,) &.5001 - 10000

5 kjk;

m) ,e;J

M) K];yPk;

,) fpwp];Jth;

<) gpw

6. FLk;g epiy

m) jdpf;FLk;gk;

M) \$l;Lf; FLk;gk;

,) nghpaf;FLk;gk;

7. ngw;Nwhhpd; elj;ij  
m) fl;Lghlhdth;  
M) fl;Lghby;yhjth;  
,) Rje;jpukhd

**jdpegh; Gs;sp tpguk;**

**Foe;ijapd; tpguk;**

1. taJ

m) 6-8 taJ

M) 9-10 taJ

,) 11-12 taJ

2. ghypdk;

m) Mz;

M) ngz;

3. gpwg;G thpir

m) Kjy; Foe;ij

M) ,uz;lhtJ Foe;ij

,) %d;whtJ Foe;ij

4. fy;tpj;jFjp

m) Kjy; tFg;G

M) ,uz;lhk; tFg;G

,) %d;whk;tFg;G

<) ehd;fhk;tFg;G

c) le;jhk; tFg;G kw;Wk; mjw;FNky;

5. Foe;ijfspd; vz;zpf;if

m) xU Foe;ij

M) ,uz;L Foe;ijfs;

,) %d;W Foe;ijfs;

<) ehd;F Foe;ijfs; mjw;F

## APPENDIX VI

### MODEFIED CHILD BEHAVIOUR CHECKLIST

The modified behavior checklist will be used to assess the problems of the children. It is a 3 point scale and contains 50 items. Each item score from 0,1,2 respectively for Not True, Sometimes True, Very True. Indicate their choice by filling in one tick {/} mark for each item, using this key.

**Name of the child :** .....

**Child Status** : Single child / Sibling Child

No	Item	Not True	Sometimes True	Very True
1	Acts too young for his / her age			
2	Argues a lot			
3	Fails to finish things he/she start			
4	There is very little he/she enjoy			
5	Bowel movement outside toilet			
6	Bragging, Boasting			
7	Can't concentrate, can't pay attention for long			
8	Can't get his/her mind off certain thoughts obsessions			
9	Can't sit still, restless or hyperactive			
10	Clings to adults or too dependent			



11	Complains of loneliness			
12	Confused or seem to be in a fog			
13	Cries a lot			
14	Cruel to animals			
15	Daydreams or gets lost in his/her thoughts			
16	Demands a lot attention			
17	Destroys his/her own things			
18	Destroys things belonging to his/her family or others			
19	Disobedient at home			
20	Disobedient at School			
21	Doesn't eat well			
22	Doesn't get along with other kids			
23	Doesn't seem to feel guilty after misbehaving			
24	Easily jealous			
25	Break rules at home, school, or elsewhere			
26	Fears going to school			
27	Fears he/she might think or do something bad			
28	Feels he/she has to be perfect			
29	Feels or complains that no one loves him/her			
30	Feels worthless or inferior			
31	Gets hurt a lot, accident – prone			
32	Gets in many fights			
33	Gets teased a lot			
34	Hangs around with others who get in trouble			
35	Hears sound or voices that aren't there			
36	Impulsive or acts without thinking			

37	Would rather be alone than with others			
38	Lying or cheating			
39	Bites fingernails			
40	Nervous, high strung, or tense			
41	Nervous movement or twitching			
42	Nightmares			
43	Not liked by other kids			
44	Constipated, doesn't move bowels			
45	Too fearful or anxious			
46	Feels dizzy or lightheaded			
47	Feels too guilty			
48	Overeating			
49	Overtired without good reason			
50	Overweight			

**Foe;ijapd; elj;ijf; fhuzpfisf; fz;lwptjw;fhd tpdhg;gl;bay;**

Foe;ijapd; elj;ijfisAk;> gpur;ridfisAk; fz;lwptjw;fhd fPo;fz;l tpdhg;gl;bay; jug;gl;Ls;sJ. 50 tpdhf;fisf; nfhz;l gy;tifj; NjHT tpdhthFk;. xt;nthU tpdhtpw;Fk; 0>1>2 vd;w Kiwapy; kjpg;ngz; toq;fg;gLK; (cz;ik my;y 0> rpyNeuk; cz;ik 1> cz;ik 2) rhpahd tpiliaj; NjHe;njLf;f (✓) FwpaPL ,ITk;.

**Foe;ijfspd; ngaH :**

<b>t. vz;.</b>	<b>fhuzpfs;</b>	<b>cz;ik my;y</b>	<b>rpy Neuk; cz;ik</b>	<b>cz;ik</b>
1	tajpw;Nfw;w elj;ij cilatH.			
2	mjpgfk; tpthjk; nra;gtH.			
3	njhlq;fpa gzpia Kbf;fj; jtWgtH.			
4	Fiwe;j msNt kdkfpo;r;rp milgtH.			
5	fopg;giwia cgNahfpf;fj; jaq;FgtH.			
6	jw;ngUik kpf;ftH.			
7	xU Ntiyapy; mjpgf Neuk; ftdk; nrYj;j KbajjtH.			
8	kdi xUKfg;gLj;j KbajjtH			
9	xNu ,lj;jpy; epiyahf ,y;yhjtH> Xa;tpy;yhjtH> jd;idj;jhNd			

	kpiff;gLj;jpf; nfhs;gtH.			
10	taJ te;NjhNuhL kl;Lk; goFgtH.			
11	Jdpik tpUk;gp.			
12	Fog;gj;jpy; cs;stH.			
13	mjpfkfhf mOgtH.			
14	tpyq;Ffisf; nfhLikg;gLj;JgtH.			
15	gfy; fdT fhz;gtH (m) jd; Ra rpe;jidia ,og;gtH.			
16	mjpff; ftdj;jpw;F Vq;FgtH.			
17	jd; nrhe;j nghUl;fis mopg;gtH.			
18	jd; FLk;gj;jpdH (m) gpwUila nghUl;fis mopg;gtH.			
19	tPl;by; fPo;g;gbjy; ,y;yhjtH.			
20	gs;spapy; fPo;g;gbjy; ,y;yhjtH.			
21	Kiwahf czT cz;zhjtH.			
22	kw;w Foe;ijfNshL gofhjtH.			
23	jd; jtwhd elj;ijfis Fw;wk; vd;W czuhjtH.			
24	vspjpy; nghwhik milgtH.			
25	tPL> gs;sp kw;Wk; nghJ ,lq;fspy; rl;l;jpl;lq;fSf;F fl;Lg;glhjtH.			
26	jk;ik mwpahkNyNa jPa nray;fis nra;J tpLNthNkh> jPa vz;zj;ij epidj;J tpLNthNkh vd mQ;Rjy;.			
27	gs;spf;Fr; nry;y mQ;RgtH.			
28	kpf ey;ytdhf ,Uf;f Ntz;Lk; vd;W czUjy;.			
29	gpwH ek;ik Nerpf;ftpy;iy vd;W czUjy; (m) Fw;wk; rhl;LgtH.			

30	jho;T kdg;ghd;ik cilatH.			
31	Njhy;tpapdhy; mjpgf kdr;NrHHT milgtH.			
32	gyhplk; fhuzkpd;wp rz;ilapLgtH.			
33	gpwuhy; ,fog;gLgtH.			
34	Jd;gk; cilatdplk; neUq;fp ,Uj;jy;.			
35	,y;yhj xU rj;jj;ij ,Ug;gjhf czUjy;.			
36	Nahrpf;fhky; nray;gLgtH (m) vspjpy; czHr;rptrg;gLgtH.			
37	\$l;lkhd ,lq;fspy; gpwNuhL neUq;fp ,Uf;fhky; jdpikia tpUk;GgtH.			
38	ngha; nrhy;gtH> Vkhw;WgtH.			
39	mbf;fb efk; fbg;gtH.			
40	Rpwwa tp~aq;fSf;F mjpgfk; gjl;lkilgtH (m) kd mOj;jk; cilatH.			
41	nray;fis gjl;j;NjHL nra;gtH.			
42	,utpy; nfl;l fdTfisf; fhz;gtH.			
43	kyr;rpf;fy; cilatH.			
44	gpw Foe;ijfshy; tpUk;g;glhjtH			
45	mjpgf gak; (m) tpuf;jp czHT			
46	mbf;fb ,Nyrhd jiy;Rw;wiy czHgtH.			
47	mjpgff; Fw;w czHT cilatH.			
48	mjpgfkhf czT cz;gtH.			
49	Kiwahd fhuzk; ,y;yhky; fisg;G milgtH.			
50	mjpgf cly; vil cilatH.			

## **APPENDIX VII**

### **SELR INSTRUCTIONAL MODULE ON IMPROVING CHILDREN BEHAVIOUR PATTERN**

Behavioral problems are caused by multiple factors. No single event is responsible for this condition. The important contributing factors are faulty parental attitude, inadequate family environment, mentally sick or handicapped condition, influence of social relationship, influence of mass media. So in order to prevent the behavioral problems and to improve the child behavior. Three steps should follow;

- Relationship
- Planning
- Response

#### **Relationship**

A loving stable relationship between parents and children needs for child's healthy social development. Tell your child's to love him and show your love by taking time to listen to play and to teach. It is strengthened by your relationship.

#### **Planning**

Planning is the best secret of good parenting watch your expectation. So that you plan for the good behavior rather than dread the worst. Most of the behavior problems occur during times of transition adjustment. It is easy to see that bad behavior is a natural reaction to

challenges that the child doesn't yet have the skills to accomplish.  
Planning involves knowing the changes of your child.

## **Response**

Attentiveness and response are the tools for improving your child's behavior. An understanding of behavior modification principles will help you plan your responses to improve the behaviour.

## **How to cope child with behavior problems**

- a) Provide many opportunities for active physical play.
- b) Find everyday to listen to him talk about something that interests
- c) Help him find a group where he can feel a sense of belonging.
- d) Have just a few rules but enforce them consistently.
- e) Be an active listener
- f) Avoid arguments and power struggles
- g) Discontinue physical punishment to prevent of break a negative cycle that could lead to abuse, resentment and feelings of worthlessness.
- h) Learn new parenting skills

## **Build a healthy bond**

- a) Talk to your child as much as possible
- b) Speak to your in a loving and caring manner.
- c) Make eye to eye contact
- d) Touch and hold your child lovingly and tenderly
- e) Do not expect too much from your child
- f) Appreciate the things that your child does best
- g) Listen to your child to build a circle of friends provide support and confidence to your child when he faces the realities of life
- h) Encourage independent thinking.



### **Importance of behavioral changes in children**

1. Bring up normal behavior in children depends on the child's age personality , physical, emotional development.
2. Determine the child's behavior socially, culturally and developmentally appropriate to the age.
3. Know what to expect from a child at each age to decide the normal behavior.
4. Introduce a new behavior and reinforce it by rewarding the child.

### **Principles of parent in changing child's behavior**

- a) Change your initial response
- b) Practice with your child behavior that you want
- c) Minimize the behavior you don't want
- d) Spotlight the appropriate behavior.

### **Guiding children's behavior**

#### **a) Promote positive behavior**

Both parents and care giver who use positive reinforcement find it self fulfilling prophecy. Be very specific about the compliments and praise you give.

#### **b) Expect children to obey**

Give children an option unless there is a question of personal safety or health, when there is destruction or aggression involved, or when you as adult decide the situation calls for prompt action.

**c) Maintain fairness and consistency**

The parents should deal with challenges in a matter of fact, calm manner. Learn about developmental stages of children and their accompanying physical, social , emotional and intellectual needs.

**d) Allow the expression**

Allow a child to express his or her feelings allowing such inappropriate expressions as hitting or hurting others. Providing quite time alone with a favorite toy or blanket to help a child to relax and calm down.

**f) Think and plan for the future**

Remember that your goal is for the child to achieve self discipline. The way in which adults treat children and each other in your program serves as a model for children. Though it all keep your sense of humor and remind yourself of your successes and of the important role you play in caring of children.

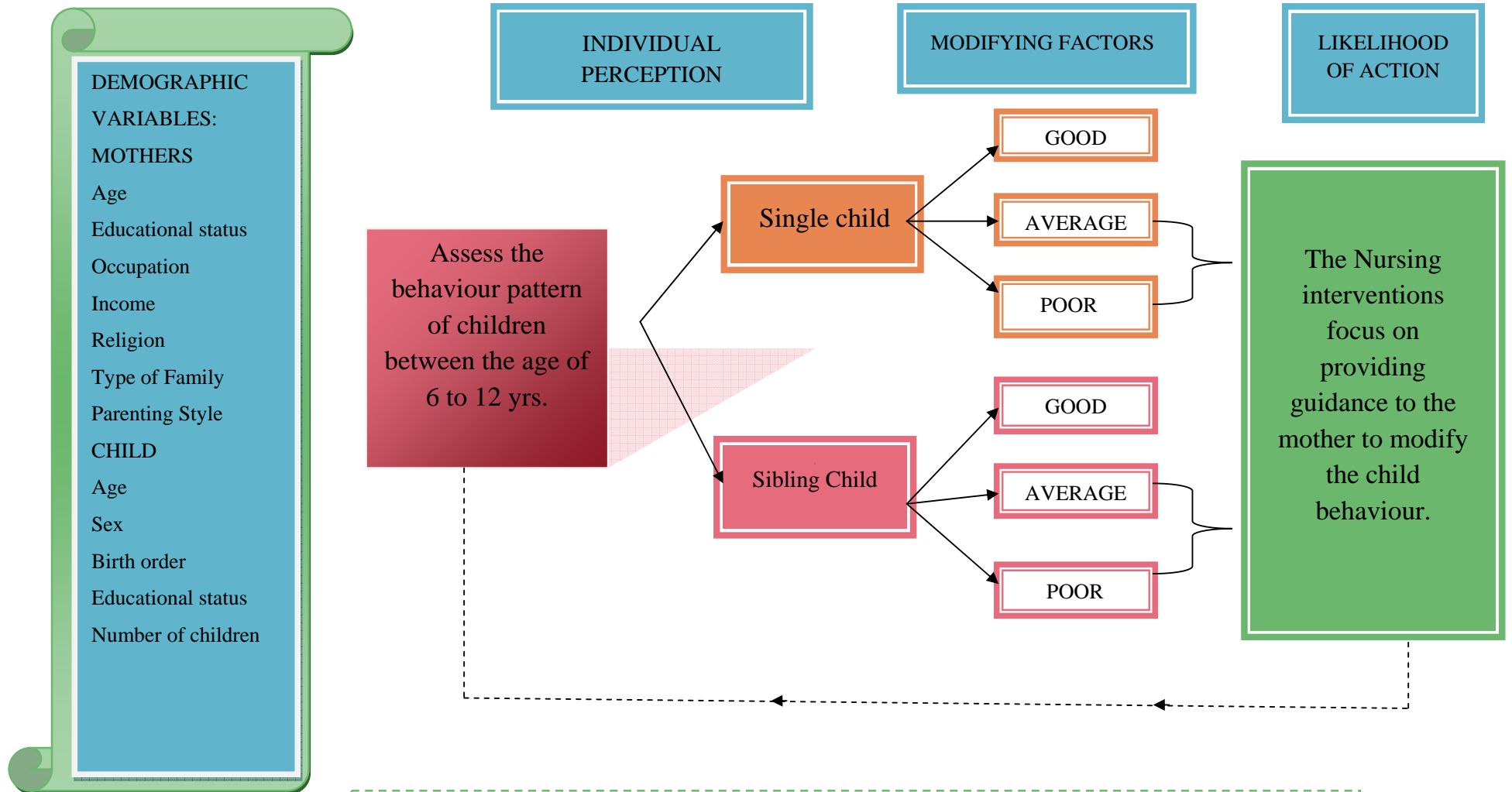
## Appendix VIII

### Behavior of Single Child



## Behavior of Child with Sibling





**Fig: 1 MODIFIED ROSENSTOCK AND BECKER'S HEALTH BELIEF MODEL AS CONCEPTUAL FRAMEWORK.**